

200

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6501

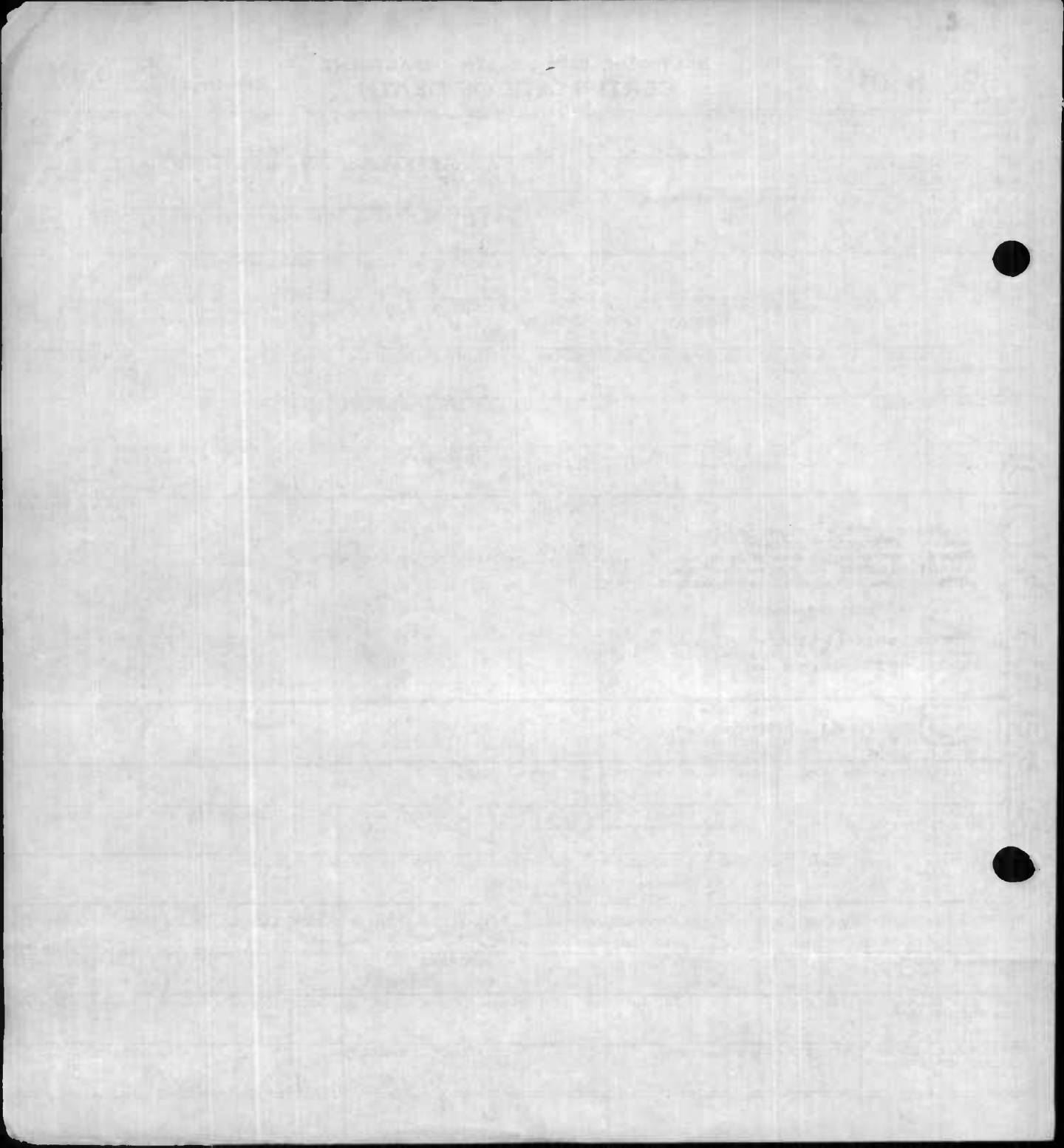
52 6501  
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
William mack		July 13, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. FULL NAME OF HOSPITAL OR INSTITUTION		a. STATE	
1329 Whatecoat st		md	
c. Length of stay in Baltimore		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Yrs. Mos. Days		Balto 15-01	
5. SEX		d. STREET ADDRESS (If rural, give location)	
m		1329 Whatecoat st	
6. COLOR OR RACE		8. DATE OF BIRTH	
c		Jan 5, 1904	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years last birthday)	
S		48	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
Laborer		Balto md	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
Gen		U. S. A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Joseph mack		Alice Stewart	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT ADDRESS	
		Danie Carter 1329 Whatecoat st	
16. SOCIAL SECURITY NO.			

18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Pulmonary tuberculosis				Unknown	
DUE TO					
19. ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(B)					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 5, 1952, to July 13, 1952, that I last saw the deceased alive on July 10, 1952, and that death occurred at 12:00 m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
C. D. Smithell		718 Josephine St.		July 14, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		7-16-52		Mt Auburns	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
JUL 14 1952		Huntington Williams, 1025 So. E. Nelson		1303 Presstman st	

10952 670996 4 9 8

correct age is important. Physicians: please write the causes of death clearly and legibly.





52 6502

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 6502

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MR. HARRY M. JAMES

2. DATE  
OF  
DEATH

JULY 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNION MEMORIAL HOSP

C. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED - ?

10B. KIND OF BUSINESS OR INDUSTRY

?

13. FATHER'S NAME

WILLIAM JAMES

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 27-14

D. STREET ADDRESS (If rural, give location)

4519 KESWICK RD. (10)

8. DATE OF BIRTH

JUNE 12, 1866

9. AGE (In years; last birthday)

86

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

RUTH BOWEN

17. INFORMANT

ADDRESS

William James 4519 Keswick Rd.

18. E903.0,

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) PULMONARY EMBOLISM

2 HRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) FRACTURE RIGHT FEMUR 20 DAYS

CERTIFICATION APPROVED BY

*J. H. Schauf*

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

ARTERIO-SCLEROTIC HEART DISEASE

CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

JULY 4, 1952

19B. MAJOR FINDINGS OF OPERATION

HIP NAILING

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

4519 Keswick Rd. 27/14

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

June 23, 1952

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell to floor

I hereby certify that I attended the deceased from June 23, 1952 to July 12, 1952 that I last saw the deceased alive on July 12, 1952 and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Louise Schauf

23B. ADDRESS

M. D.

Union Memorial Hospital

23C. DATE SIGNED

7/12/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

July 15, 1952

24C. NAME OF CEMETERY OR CREMATORY

St Marys

24D. LOCATION (City, town, or county)

Hampden

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

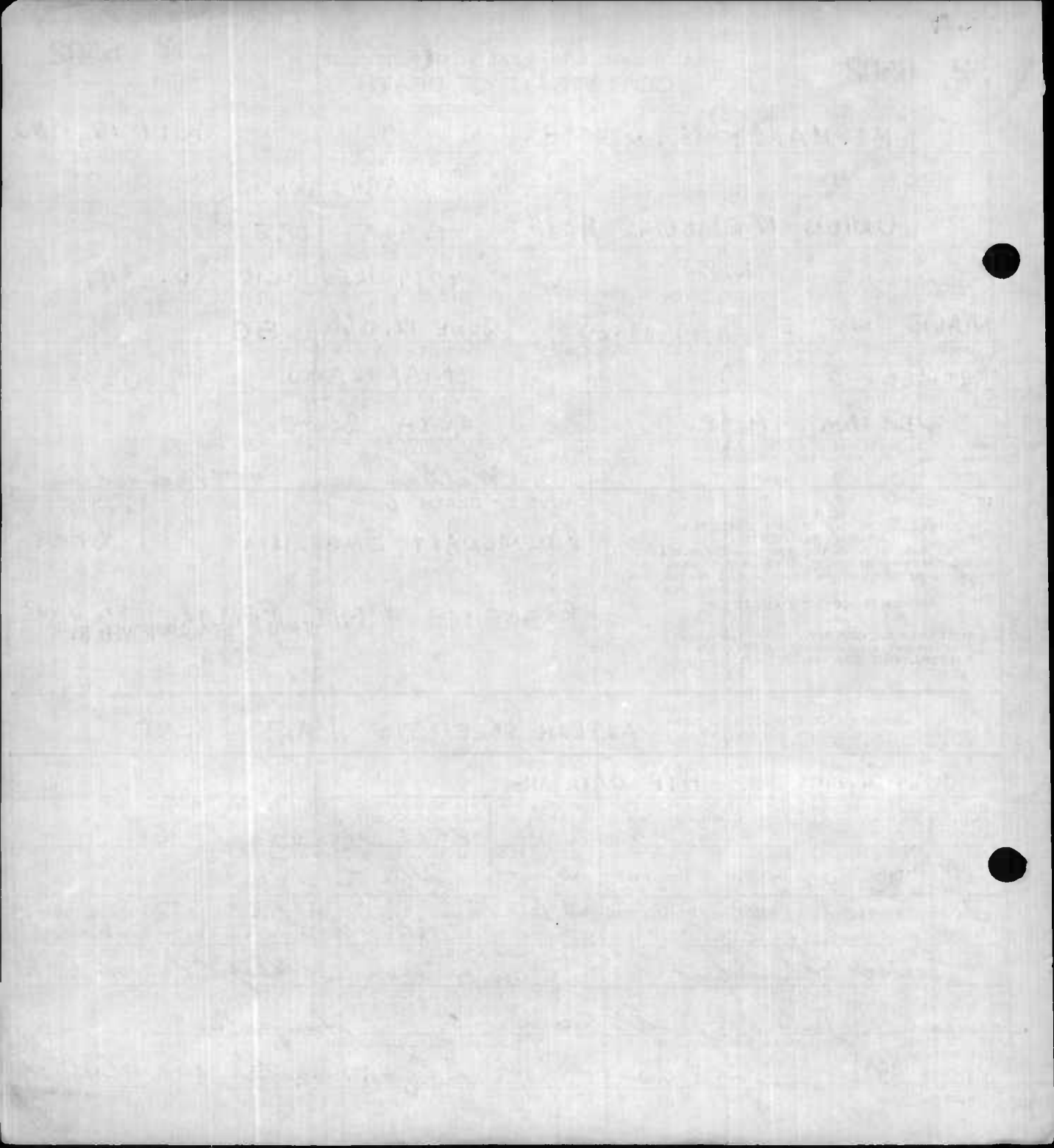
JUL 14 1952

Huntington Williams, M.D. Paul E. Schauf 56154 Schauf

VS 150

N820.0

MEDICAL CERTIFICATION  
correct age is especially important. Physicians: please write the causes of death clearly.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6503**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**FLOYD HASKELL**

2. DATE  
OF  
DEATH

**July 9, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**South Baltimore General Hosp.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**796 W. Saratoga Street**

5. SEX

**male**

6. COLOR OR RACE

**colored**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

**July 20 1908**

9. AGE (In years last birthday)

**44**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Laborer**

10B. KIND OF BUSINESS OR INDUSTRY

**American Lumber Co.**

11. BIRTHPLACE (State or foreign country)

**S. C.**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Henson Floyd**

14. MOTHER'S MAIDEN NAME

**Johnson**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

**215-05-5893**

17. INFORMANT

ADDRESS

18. **443X**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive and arteriosclerotic cardiovascular disease**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**Hunter G. Dunbar** M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

**July 10, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**July 14, 52**

24C. NAME OF CEMETERY OR CREMATORY

**Mt Calvary Cem.**

24D. LOCATION (City, town, or county)

**A. A. Co. Md**

DATE RECEIVED BY LOCAL REGISTRAR

**JUL 14 1952**

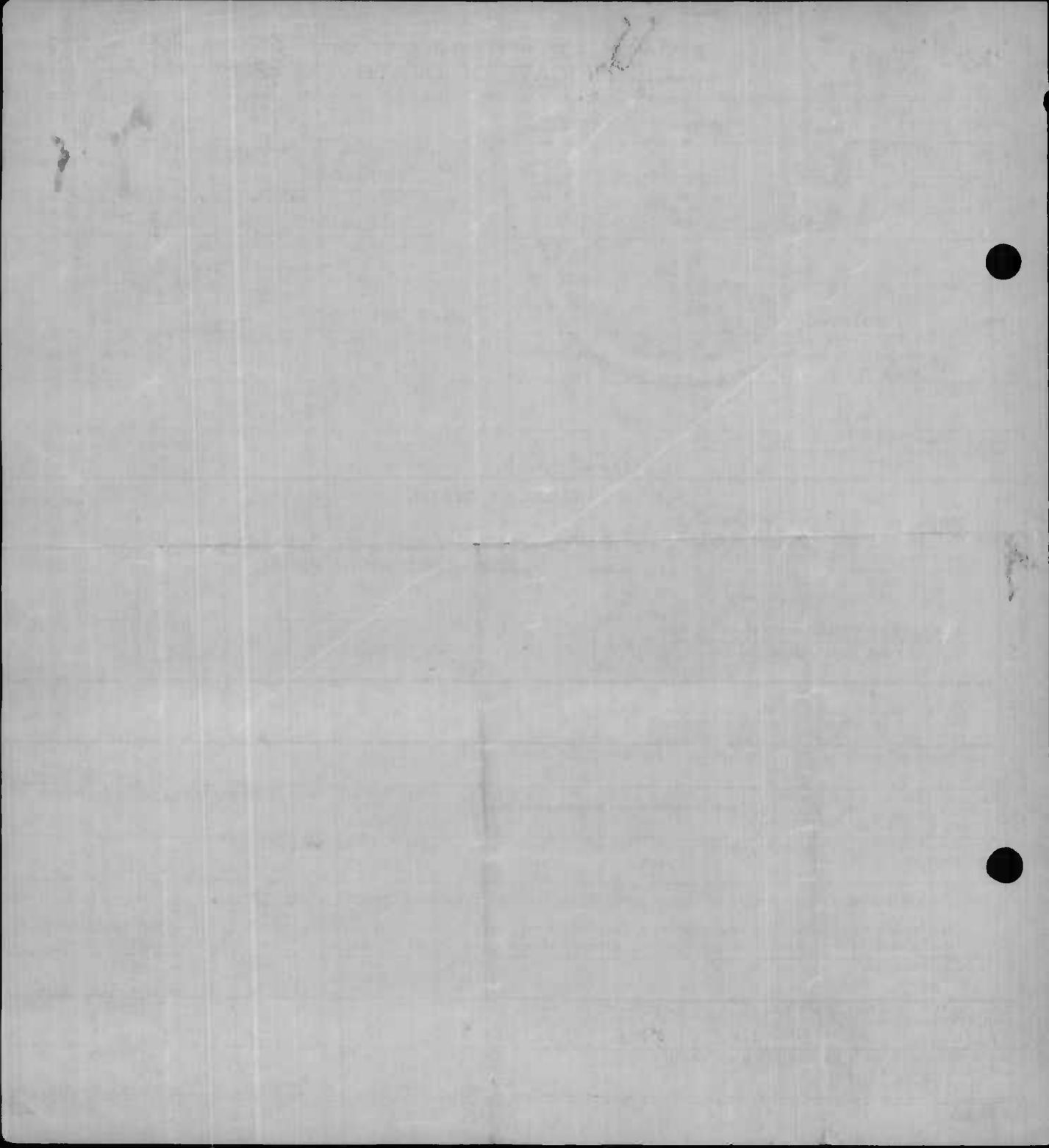
REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**L. Brown & Son - Montgomery &**

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6504  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Josephine Kucharek</i>			2. DATE OF DEATH <i>July 11 1952</i>		
3. PLACE OF DEATH A. Baltimore City <i>Maryland 2423 Pfister Court</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write RURAL and give township)		
C. Length of stay in Baltimore <i>38 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>2423 Pfister Court</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>3-9-1886</i>		9. AGE (In years last birthday) <i>66</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>Poland</i>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <i>Saba</i>			14. MOTHER'S MAIDEN NAME <i>?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>✓</i>	17. INFORMANT ADDRESS <i>Peter Cickot 2423 Pfister Court</i>		

18. <i>260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE</i> DUE TO _____	INTERVAL BETWEEN ONSET AND DEATH <i>MAR. 1950</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) _____ DUE TO <i>DIABETES MELLITUS</i>	<i>MAR. 1950</i>
(C) _____		

**II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDICTION CAUSING IT.**

19A. DATE OF OPERATION <i>None</i>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *May 23*, 19*52*, to *July 11*, 19*52*, that I last saw the deceased alive on *July 11*, 19*52* and that death occurred at *9:30 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>John J. Duda</i>		23B. ADDRESS <i>209 S Chester St</i>		23C. DATE SIGNED <i>7/14/52</i>	
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>July 15 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Stanislaus</i>	24D. LOCATION (City, town, or county) (State) <i>Dundalk Ave Md</i>
--	----------------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 14 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>John J. Duda Inc 2829 Hudson St</i>
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CERTIFICATE OF DEATH

Blank form with horizontal lines for text entry.



212  
52 6505BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6505

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>STANISLAW JAKUBIAK (JAKUBOWSKI)</b>			2. DATE OF DEATH <b>JULY 12 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>MERCY HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>		
Length of stay in Baltimore <b>LIFE 47</b>			D. STREET ADDRESS (If rural, give location) <b>429 S. CHESTER ST.</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>1884</b>	9. AGE (In years last birthday) <b>68</b>	If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STORKEEKEEPER</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>CANDY STORE</b>		11. BIRTHPLACE (State or foreign country) <b>POLAND</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>unknown</b>		14. MOTHER'S MAIDEN NAME <b>unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <b>HOSPITAL RECORDS</b>	
				ADDRESS	

18. **446x and 260x**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) **(UREMIA) NEPHROSCLEROSIS****25 days**

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **GENERALIZED ARTERIOSCLEROSIS**

DUE TO

(C) **1**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**DIABETES MELLITUS**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from **JULY 9**, 1952, to **JULY 12**, 1952, that I last saw the deceased alive on **JULY 12**, 1952, and that death occurred at **8:10 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

**Joseph J. Michels**

M. D.

**Mercy Hospital****7-12-52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**JUL 14 1952****Huntington Williams, M.D.****John M. Welby 401 S. Chester**

1000

CHURCHILL

STANLEY J. L. (1911-1971)

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

536  
52 6506  
BIRTH NO.

52 6506

1. NAME OF DECEASED (Type or Print) <i>Herbert A. Sanders</i>		2. DATE OF DEATH <i>July 10/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>217-E. Preston St.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>217-E. Preston</i>		C. CITY OR TOWN (If outside corporate limits, write TOWNSHIP and give township) <i>Baltimore 11-01</i>	
6. Length of stay in Baltimore <i>Life</i> Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>217-E. Preston St.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>OCT. 13/24</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Undertaker Apprentice</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Undertaker</i>	9. AGE (In years last birthday) <i>27</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Rayner Sanders</i>		14. MOTHER'S MAIDEN NAME <i>Helena Blumwall</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>yes World War II</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>Father - 217-E. Preston St.</i>		ADDRESS _____	

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>002X</i>		CAUSE OF DEATH (A) <i>Pulmonary Hemorrhage</i> DUE TO (B) <i>Pul. T.B.C.</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June</i> , 1950 to <i>July 10</i> , 1952 that I last saw the deceased alive on <i>July 10</i> , 1952 and that death occurred at <i>6:30 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>C. W. Lee</i>		23B. ADDRESS <i>924-N. Broadway</i>		23C. DATE SIGNED <i>July 10/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>JULY 15, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>MOUNT CALVARY</i>	
24D. LOCATION (City, town, or county) <i>A. CO.</i>		25. FUNERAL DIRECTOR <i>Samuel W. Sullivan, Jr.</i>		ADDRESS <i>1011 N. ARLINGTON AVE.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 14 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

VS 150

1952 6/15 & F 6506

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

713 52

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

CHICAGO, ILLINOIS

Dear Mr. [illegible]

I have your letter of [illegible]

of [illegible] and am glad to hear

that you are interested in [illegible]

and that you are planning to [illegible]

visit Chicago in [illegible]

and that you are planning to [illegible]

visit the University of Chicago [illegible]

and that you are planning to [illegible]

visit the University of Chicago [illegible]

and that you are planning to [illegible]

visit the University of Chicago [illegible]

and that you are planning to [illegible]

visit the University of Chicago [illegible]

and that you are planning to [illegible]

visit the University of Chicago [illegible]

and that you are planning to [illegible]

visit the University of Chicago [illegible]

and that you are planning to [illegible]

visit the University of Chicago [illegible]

and that you are planning to [illegible]

visit the University of Chicago [illegible]

and that you are planning to [illegible]

visit the University of Chicago [illegible]

and that you are planning to [illegible]

visit the University of Chicago [illegible]

and that you are planning to [illegible]

visit the University of Chicago [illegible]

and that you are planning to [illegible]

552 6507

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6507

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Conrad Janish

2. DATE  
OF  
DEATH

July 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1539 Euseb St.

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

M

W

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

Baker

Baker

Austria

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Egredies Janish

Ann ? Unger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Wife Hospital records 1539 Euseb St.

18. E931.3

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral damage

14 days

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Heat prostration

DUE TO

## CERTIFICATION APPROVED BY

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

B. K. Fisher M.D.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT WORK ☒ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

June 18, 1952 m.

Succumbed to heat.

22. I hereby certify that I attended the deceased from July 1, 1952, to July 12, 1952 that I last saw the  
deceased alive on July 12, 1952 and that death occurred at 9:25 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Agnes J. Torgel

24A. (BURIAL, CREMA-  
TION, REMOVAL (Specify))

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 14 1952

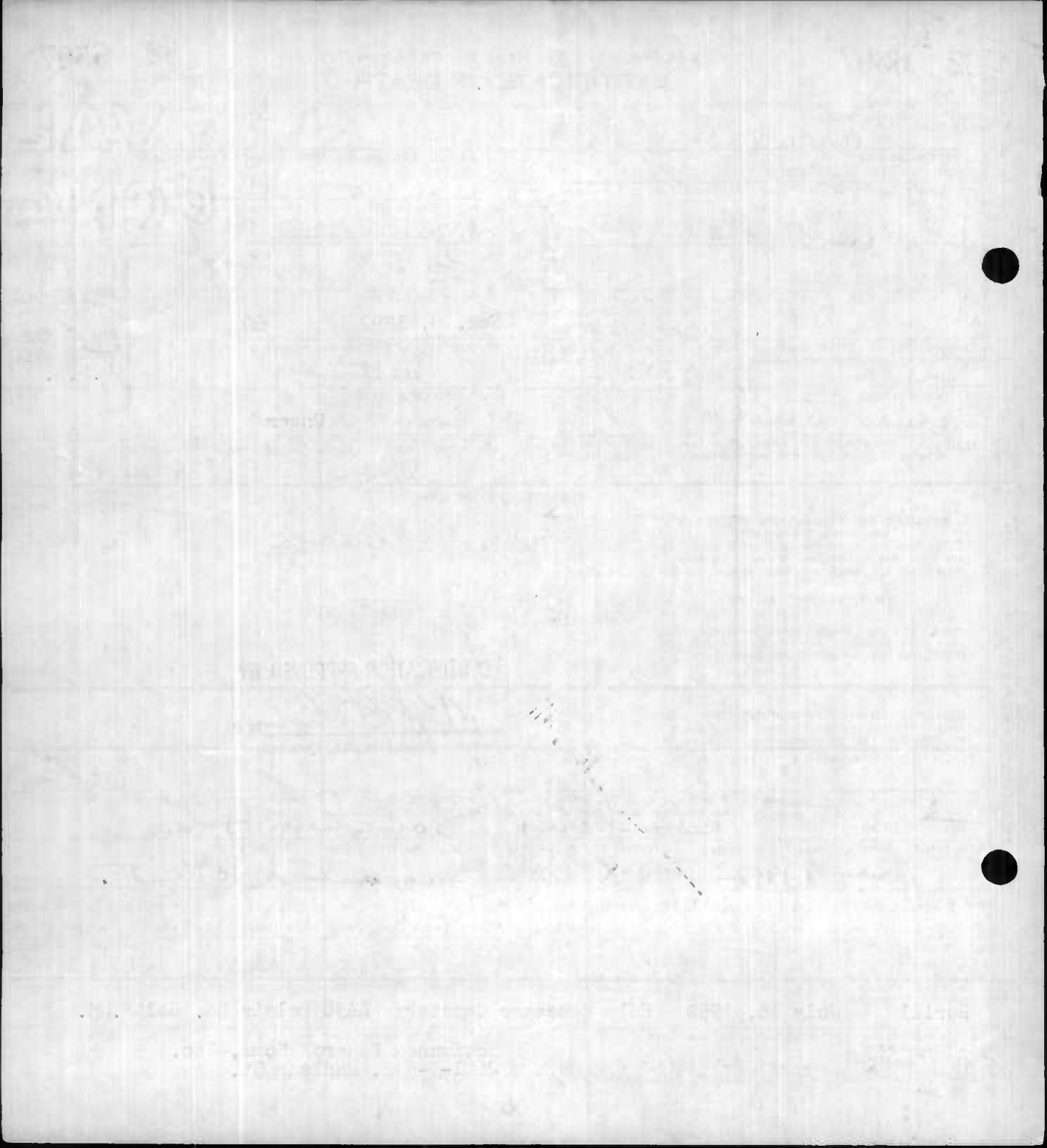
H. J. Williams, M.D.

Schimunek Funeral Home, Inc.

2601-3-5 E. Madison St.

VS 150

N981.3 5084504





232  
52 6508BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

X Registered No. 52 6508

BIRTH NO. Non Res.

1. NAME OF DECEASED  
(Type or Print)

Michael Lochotzki

2. DATE  
OF  
DEATH

July 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5 days

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

6-8-48

9. AGE (In years  
last birthday)

4

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Robert Lochotzki

14. MOTHER'S MAIDEN NAME

Anna L. Gschwind

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
JOHNS HOPKINS HOSPITAL

18. 754.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Congenital Heart Disease

4 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

July 10, 1952

19B. MAJOR FINDINGS OF OPERATION

Tetralogy of Fallot

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-9-1952 to 7-13-1952 that I last saw the  
deceased alive on 7-13-1952 and that death occurred at 6:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

H. Harold Kay, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7-13-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

July 14, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Joseph's Cemetery

24D. LOCATION (City, town, or county)

Freemont, Ohio.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

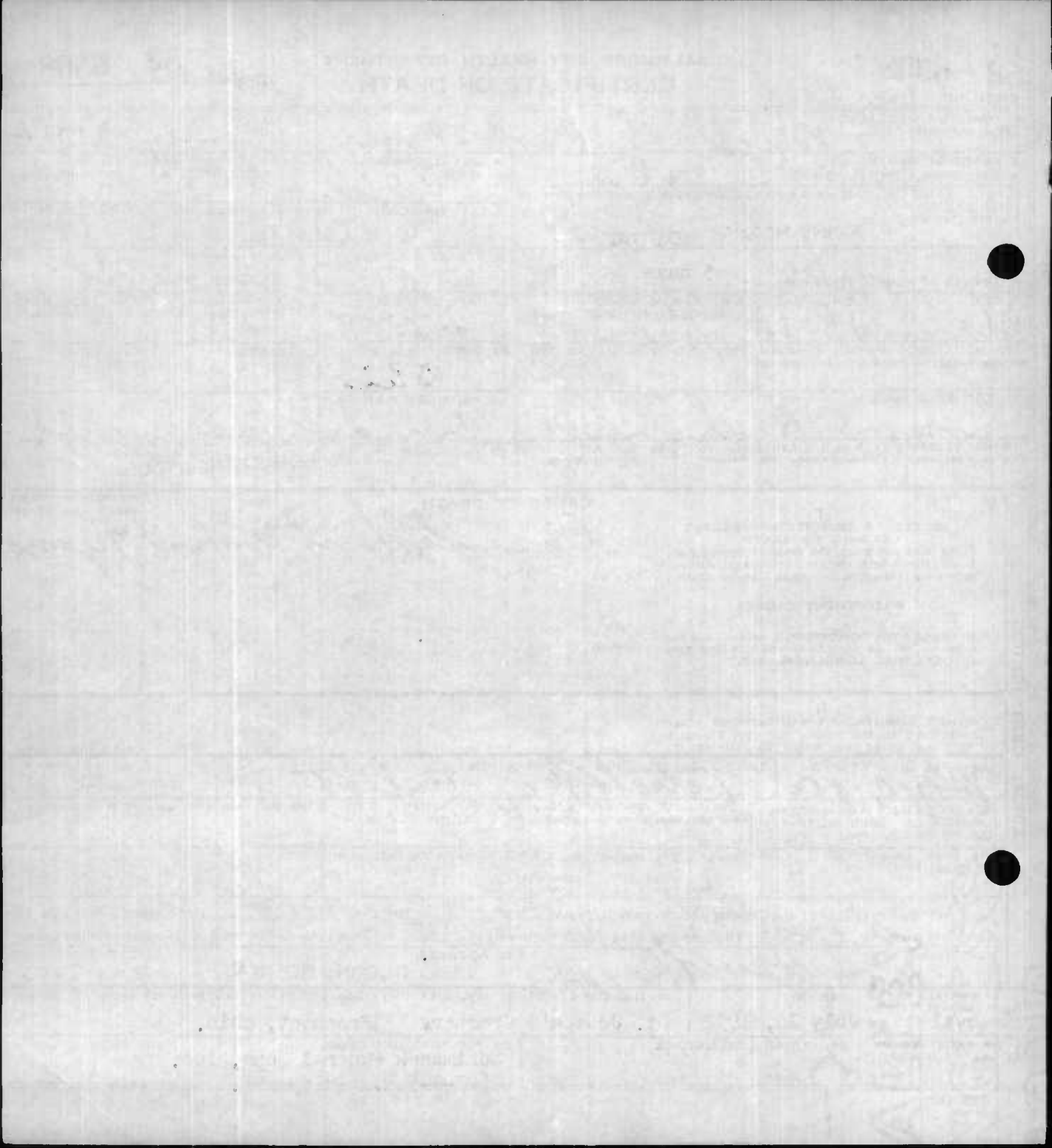
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.

ADDRESS

2601 3-5 E. Madison St.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6509**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*LAURA KUTCHER.*

2. DATE  
OF  
DEATH

*7/12/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION *Lutheran Hospital.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE *Md.* B. COUNTY *7-06*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*Balto.*

D. STREET ADDRESS (If rural, give location)  
*636 N. Milton Ave.*

5. Length of stay in Baltimore

*life*

5. SEX

*F*

6. COLOR OR RACE

*W*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
*M*

8. DATE OF BIRTH

*5/28/1883*

9. AGE (In years last birthday)

*69*

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*House wife.*

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

*Leonard Jacob*

11. BIRTHPLACE (State or foreign country)

*Baltimore, Md.*

12. CITIZEN OF WHAT COUNTRY?  
*U.S.A.*

14. MOTHER'S MAIDEN NAME

*Rosa Wittig*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.  
*no*

17. INFORMANT ADDRESS  
*Lenora Walton, Perry Hall, Md.*

18. *331X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral Hemorrhage.*  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Lobar Pneumonia*  
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) *Lobar pneumonia. Rheumatic heart disease, mitral.*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

AUTOPSY?  
YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7/7*, 19*52*, to *7/12*, 19*52*, that I last saw the deceased alive on *7/12*, 19*52*, and that death occurred at *2:30 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)  
*Burial*

24B. DATE

*July 16, 1952*

24C. NAME OF CEMETERY OR CREMATORY

*Oak Lawn Cemetery*

24D. LOCATION (City, town, or county) (State)

*Eastern Ave. Rd., Baltimore, Md.*

DATE RECEIVED BY LOCAL REGISTRAR  
*JUL 14 1952*

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*Schimunek Funeral Home, Inc.  
2601-3-5 E. Madison St.*

ADDRESS

<p>1. Name of deceased: _____</p>	
<p>2. Sex: _____</p>	
<p>3. Age: _____</p>	
<p>4. Date of death: _____</p>	
<p>5. Place of death: _____</p>	
<p>6. Cause of death: _____</p>	
<p>7. Signature of physician: _____</p>	
<p>8. Signature of registrar: _____</p>	
<p>9. Signature of informant: _____</p>	
<p>10. Signature of witness: _____</p>	
<p>11. Signature of funeral director: _____</p>	
<p>12. Signature of coroner: _____</p>	
<p>13. Signature of medical examiner: _____</p>	
<p>14. Signature of health officer: _____</p>	
<p>15. Signature of registrar: _____</p>	
<p>16. Signature of informant: _____</p>	
<p>17. Signature of witness: _____</p>	
<p>18. Signature of funeral director: _____</p>	
<p>19. Signature of coroner: _____</p>	
<p>20. Signature of medical examiner: _____</p>	
<p>21. Signature of health officer: _____</p>	
<p>22. Signature of registrar: _____</p>	
<p>23. Signature of informant: _____</p>	
<p>24. Signature of witness: _____</p>	
<p>25. Signature of funeral director: _____</p>	
<p>26. Signature of coroner: _____</p>	
<p>27. Signature of medical examiner: _____</p>	
<p>28. Signature of health officer: _____</p>	
<p>29. Signature of registrar: _____</p>	
<p>30. Signature of informant: _____</p>	
<p>31. Signature of witness: _____</p>	
<p>32. Signature of funeral director: _____</p>	
<p>33. Signature of coroner: _____</p>	
<p>34. Signature of medical examiner: _____</p>	
<p>35. Signature of health officer: _____</p>	
<p>36. Signature of registrar: _____</p>	
<p>37. Signature of informant: _____</p>	
<p>38. Signature of witness: _____</p>	
<p>39. Signature of funeral director: _____</p>	
<p>40. Signature of coroner: _____</p>	
<p>41. Signature of medical examiner: _____</p>	
<p>42. Signature of health officer: _____</p>	
<p>43. Signature of registrar: _____</p>	
<p>44. Signature of informant: _____</p>	
<p>45. Signature of witness: _____</p>	
<p>46. Signature of funeral director: _____</p>	
<p>47. Signature of coroner: _____</p>	
<p>48. Signature of medical examiner: _____</p>	
<p>49. Signature of health officer: _____</p>	
<p>50. Signature of registrar: _____</p>	
<p>51. Signature of informant: _____</p>	
<p>52. Signature of witness: _____</p>	
<p>53. Signature of funeral director: _____</p>	
<p>54. Signature of coroner: _____</p>	
<p>55. Signature of medical examiner: _____</p>	
<p>56. Signature of health officer: _____</p>	
<p>57. Signature of registrar: _____</p>	
<p>58. Signature of informant: _____</p>	
<p>59. Signature of witness: _____</p>	
<p>60. Signature of funeral director: _____</p>	
<p>61. Signature of coroner: _____</p>	
<p>62. Signature of medical examiner: _____</p>	
<p>63. Signature of health officer: _____</p>	
<p>64. Signature of registrar: _____</p>	
<p>65. Signature of informant: _____</p>	
<p>66. Signature of witness: _____</p>	
<p>67. Signature of funeral director: _____</p>	
<p>68. Signature of coroner: _____</p>	
<p>69. Signature of medical examiner: _____</p>	
<p>70. Signature of health officer: _____</p>	
<p>71. Signature of registrar: _____</p>	
<p>72. Signature of informant: _____</p>	
<p>73. Signature of witness: _____</p>	
<p>74. Signature of funeral director: _____</p>	
<p>75. Signature of coroner: _____</p>	
<p>76. Signature of medical examiner: _____</p>	
<p>77. Signature of health officer: _____</p>	
<p>78. Signature of registrar: _____</p>	
<p>79. Signature of informant: _____</p>	
<p>80. Signature of witness: _____</p>	
<p>81. Signature of funeral director: _____</p>	
<p>82. Signature of coroner: _____</p>	
<p>83. Signature of medical examiner: _____</p>	
<p>84. Signature of health officer: _____</p>	
<p>85. Signature of registrar: _____</p>	
<p>86. Signature of informant: _____</p>	
<p>87. Signature of witness: _____</p>	
<p>88. Signature of funeral director: _____</p>	
<p>89. Signature of coroner: _____</p>	
<p>90. Signature of medical examiner: _____</p>	
<p>91. Signature of health officer: _____</p>	
<p>92. Signature of registrar: _____</p>	
<p>93. Signature of informant: _____</p>	
<p>94. Signature of witness: _____</p>	
<p>95. Signature of funeral director: _____</p>	
<p>96. Signature of coroner: _____</p>	
<p>97. Signature of medical examiner: _____</p>	
<p>98. Signature of health officer: _____</p>	
<p>99. Signature of registrar: _____</p>	
<p>100. Signature of informant: _____</p>	

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6510**

BIRTH NO. **52 6510**

1. NAME OF DECEASED (Type or Print) <b>GEORGE PEGELOW</b>		2. DATE OF DEATH <b>July 13, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>South Baltimore General</b>		C. CITY OR TOWN <b>Baltimore</b> (If outside corporate limits, write RURAL and give township)	
6. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>919 McHenry St.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>5/20/1895</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sheet Metal Worker</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Manufacturing Co</b>	9. AGE (In years last birthday) <b>57</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME <b>George Pegelow</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>	
17. INFORMANT <b>Mrs Mary E. Pegelow</b>		ADDRESS <b>McHenry St</b>	

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic Cardiovascular Disease</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>7/16/52</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>Stanley B. Denecker M.D.</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <b>July 14, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/16/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Schwartz</b>	24D. LOCATION (City, town, or county) (State) <b>O'Donnell St</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>7/14/52</b>		25. FUNERAL DIRECTOR <b>John J. Cowan &amp; Son</b>	
REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		ADDRESS <b>St. Hollins</b>	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

0100

8

CERTIFICATE OF DEATH

1923

1923

CERTIFICATE OF DEATH

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6511**

**200**  
**52 6511**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Francis J. Mc Ghee</b>		2. DATE OF DEATH <b>7/12/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1524 Latrobe Park Terrace</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 24-01</b>	
Length of stay in Baltimore <b>73</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1524 Latrobe Park Terrace</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>3/28/1894</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Septon</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>For church</b>	9. AGE (In years last birthday) <b>78</b>
11. BIRTHPLACE (State or foreign country) <b>New York</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>James Mc Ghee</b>		14. MOTHER'S MAIDEN NAME <b>unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>	
17. INFORMANT <b>Mr. Emmett H. Mc Ghee</b>		ADDRESS <b>3706 Septon Drive</b>	

18. **422.1** I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  
**Cardiac failure**  
DUE TO **Arteriosclerotic Cardio-Vascular disease.**

ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
(B) DUE TO  
(C)

INTERVAL BETWEEN ONSET AND DEATH

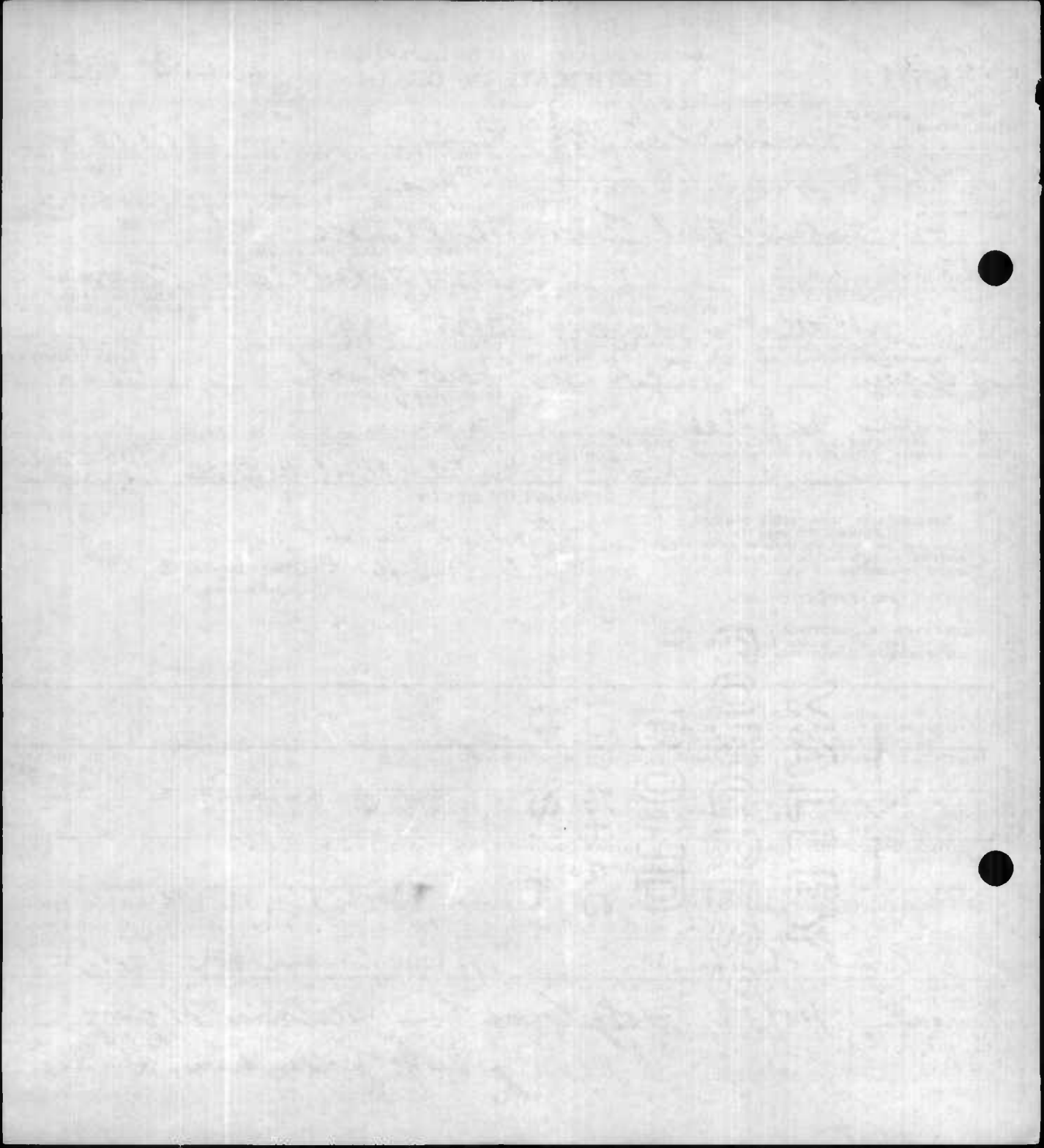
II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June**, 1951, to **July 12**, 1952, that I last saw the deceased alive on **July 11**, 1952, and that death occurred at **1A** m., from the causes and on the date stated above.

23A. SIGNATURE <b>Albert Scammett</b> M. D.		23B. ADDRESS <b>1729 W. Lombard St</b>		23C. DATE SIGNED <b>7/14/52</b>	
--	--	---	--	------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7/15/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Cross Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Pitchie Hgwy</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 14 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>John J. Cowan</b>		ADDRESS <b>909 Hollins</b>	



G-620

MDA-91024

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6512

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Louisa Grace

2. DATE  
OF  
DEATH

July 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTEBaltimore City Hospitals  
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

B. C. H. 4940 Eastern Avenue

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April-12-1874

9. AGE (In years  
last birthday)

78

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of work life, even if retired)

Domestic

10B. KIND OF BUSINESS OR  
INDUSTRY

Private

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Isaac (Dec) Olson

14. MOTHER'S MAIDEN NAME

Eliz. Island (Betz) (Dec).

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 450.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A) Generalized Arteriosclerosis

3 mos.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis Obliterans, both feet

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Cardio-vascular disease

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-7-1944, to 7-8-1952, that I last saw the  
deceased alive on 7-8-1952, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Osgood

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

7-10-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7-14-52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county) (State)

Brooklyn Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Elroy Wilson 1000 Beantley Ave

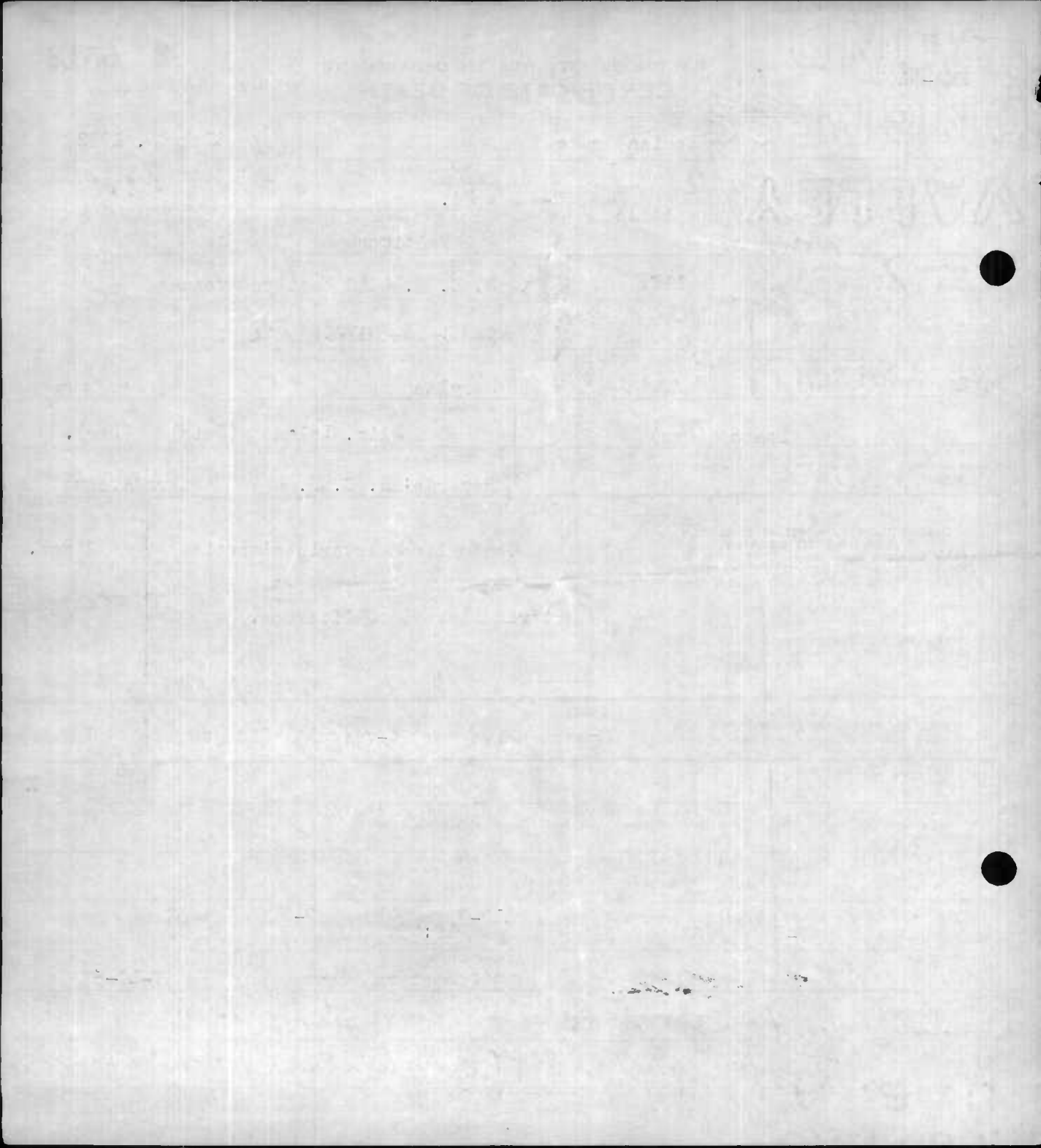
ADDRESS

JUL 14 1952

VS 150

MEDICAL CERTIFICATION

Contact age is especially important. In any instance, please state the cause of death clearly and accurately.



125  
52 6513BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6513  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Charles E. Gibson

2. DATE  
OF  
DEATH

JUL 12 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

30 yrs.

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3-25-92

9. AGE (In years,  
last birthday)

60

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Baltimore Steel

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Albert Gibson

14. MOTHER'S MAIDEN NAME

Lucinda Spencer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

Yes

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) myocardial infarction

10da

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) atherosclerotic cardiovascular disease?

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 7-3-1952 to 7-12-1952 that I last saw the  
deceased alive on 7-12-1952, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard Johnson

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7/12/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7-16-52

24C. NAME OF CEMETERY OR CREMATORY

Hollywood Ceme.

24D. LOCATION (City, town, or county)

Fawcett Co Va

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JUL 14 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Elroy Wilson 1000 Beauty Ave

STATE OF CALIFORNIA

OFFICE OF THE ATTORNEY GENERAL



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 6514

BIRTH NO. 692618

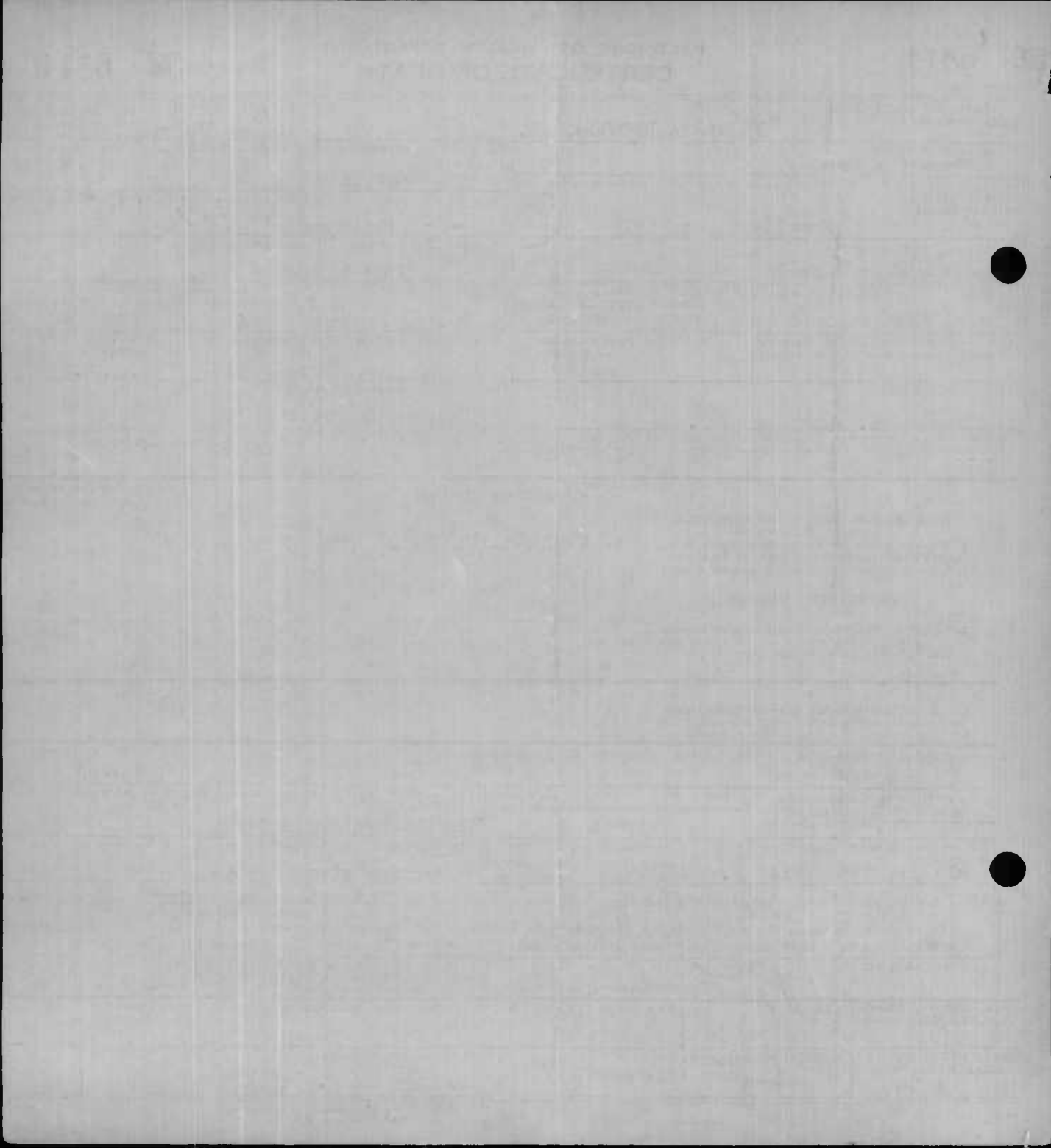
1. NAME OF DECEASED (Type or Print) <b>THOMAS L. JOHNSON, JR.</b>		2. DATE OF DEATH <b>July 11, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2709 Parkwood Avenue</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Oct. 16, 1947</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) <b>4</b> If Under 1 Year: Months Days If Under 24 Hours: Hours Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>	
13. FATHER'S NAME <b>Thomas L. Johnson Sr.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <b>Consuella West</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Thomas L. Johnson</b> ADDRESS <b>2709 Parkwood Avenue</b>	

18. <b>E 812.4</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Crushing injury of head and chest</b> DUE TO (A) _____ ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>street</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>2800 Auchentoroly Terrace</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>July 11, 1952 8:45 P. m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Pedestrian struck by auto</b>	
22. I certify that I took charge of the remains described above, held an <b>inspection &amp; inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>[Signature]</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>July 12, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>July 15, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Arbutus</b>	
24D. LOCATION (City, town, or county) (State) <b>Arbutus, Maryland</b>		25. FUNERAL DIRECTOR <b>Arlington S. Phillips</b> ADDRESS <b>1308 N. Monroe St.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 14 1952</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>			

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6515

1. NAME OF DECEASED  
(Type or Print)

FRANCIS CARL FISHER

2. DATE  
OF  
DEATH

JULY 12 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTIONMOUNT CARMEL HOME  
2476 SHIRLEY AVE.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

MT ROYAL HOTEL

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED.

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

84

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

ARTIST

10B. KIND OF BUSINESS OR  
INDUSTRY

MILLER ART PLATE CO.

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

NO

17. INFORMANT

ADDRESS

AUGUST MILLER 3817 FLEETWOOD AVE

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, ashenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Myocardial Infarction  
Atherosclerosis1 wk.  
4 mos.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Bladder Infection

3 mo.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Malnutrition -

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from Jan 1952 to July 12, 1952 that I last saw the  
deceased alive on June 12, 1952 and that death occurred at 7:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

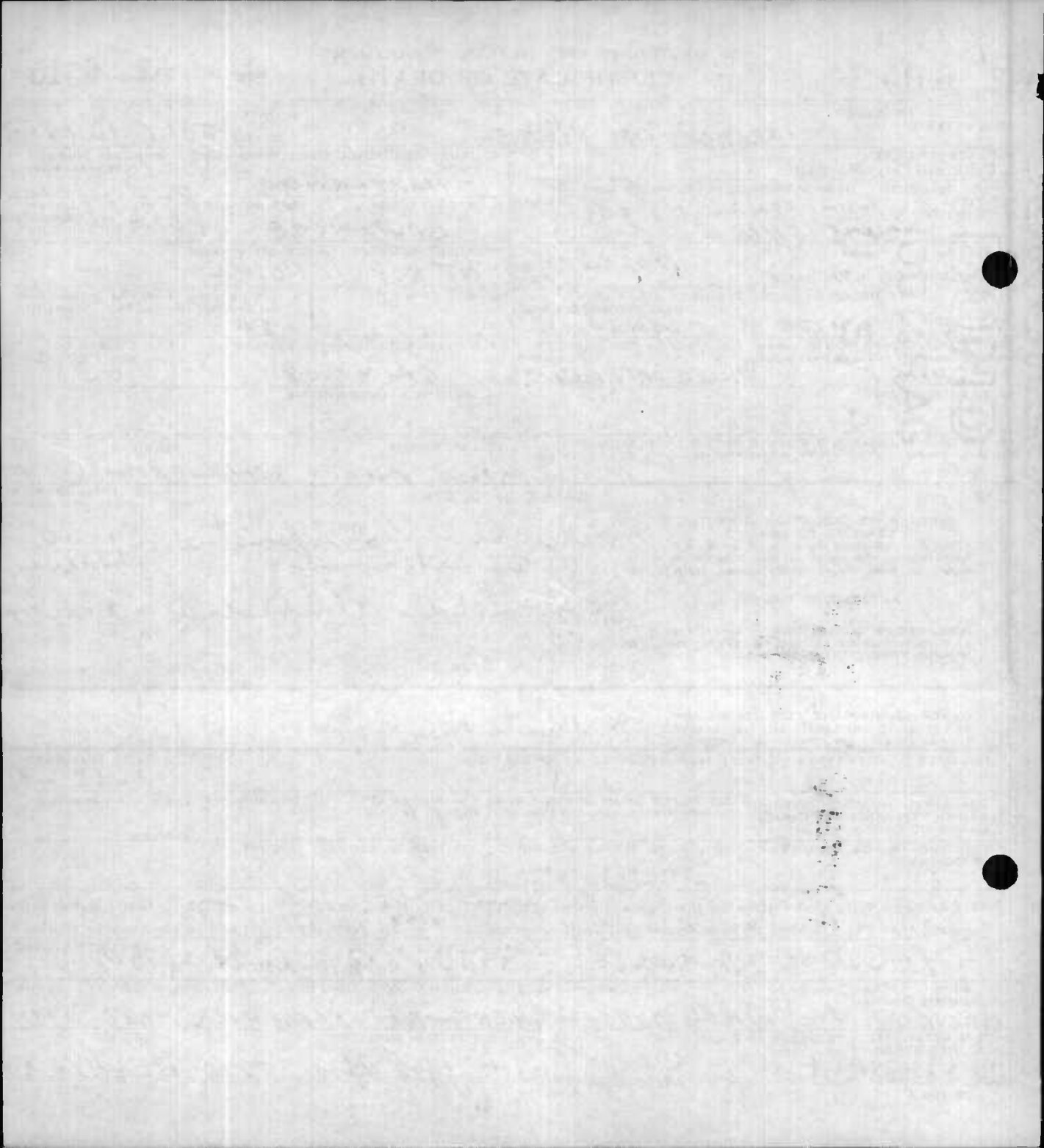
25. FUNERAL DIRECTOR

ADDRESS

JUL 14 1952

Huntington Williams, M.D.

3700 Park Heights Ave. July 12 1952  
FREDERICK ROAD MD.  
7110 BELAIR RD.



410  
2 6516BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6516  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

FRANK T. WOLF SR.

2. DATE  
OF  
DEATH

JULY 14, 52.

3. PLACE OF DEATH:

A. Baltimore City, Maryland Union MEM. HOSP.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

Yrs.

Mos.

Days

Length of stay in Baltimore

5. SEX

Male White

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JULY 12, 1892

9. AGE (In years)

last birthday

60

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FILTER OPERATOR

10B. KIND OF BUSINESS OR INDUSTRY

BALTO. CITY WATER WORKS

11. BIRTHPLACE (State or foreign country)

BALTIMORE, M.D.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

PIVS. A. WOLF

14. MOTHER'S MAIDEN NAME

MARY C. M. GLOUGHEN.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS. MARY WOLF

SAME

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchogenic Carcinoma.

3 months

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

June 27, '52

Carcinoma of lung with metastases

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July 1, 1952 to July 14, 1952 that I last saw the deceased alive on July 12, 1952, and that death occurred at 7:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Richard K. Mac Kenney, M.D.

Union Memorial Hosp.

July 17, 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

7-17-52

Holy Redeemer

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 14 1952

Huntington Williams, Mrs. J. Lusk

5305 Nayford Rd

1898

RECEIVED OF THE  
TREASURY DEPARTMENT

1898

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6517**

**656**  
**6517**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Michael Werner</b>			2. DATE OF DEATH <b>July 12, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>504 S. Montford Ave</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>At Home</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore-24</b>		
D. STREET ADDRESS (If rural, give location) <b>504 South Montford Ave</b>			E. LENGTH OF STAY IN BALTIMORE <b>?</b> Yrs. Mos. Days		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov, 1876</b>	9. AGE (In years last birthday) <b>75</b>	10. UNDER 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watchman</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Linen, Net &amp; Twine Co</b>		
11. BIRTHPLACE (State or foreign country) <b>Poland</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Stanislaus Werner</b>			14. MOTHER'S MAIDEN NAME <b>Helen ?</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>212-01-9310</b>		
17. INFORMANT <b>Katherine Werner</b>			ADDRESS <b>504 S. Montford Ave</b>		

**CAUSE OF DEATH**

<p><b>I</b></p> <p><b>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center"><b>Antecedent Causes</b></p> <p><b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</b></p> <p align="center"><b>II</b></p> <p><b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b></p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>(A) <b>Senility</b></p> <p>DUE TO</p> <p>(B)</p> <p>DUE TO</p> <p>(C)</p>	

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 17, 1949, to July 2, 1952, that I last saw the deceased alive on July 2, 1952, and that death occurred at 4 A. m., from the causes and on the date stated above.

23A. SIGNATURE <b>Sigmund R. Nowak</b>	23B. ADDRESS <b>408 S. Patterson Ph. Ave.</b>	23C. DATE SIGNED <b>July 12, 1952</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 15-1952</b>	24C. NAME OF CEMETERY <b>St. Stanislaus</b>	24D. LOCATION (City, town, or county) (State) <b>1300 Dundalk Ave</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 14 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>George R. Weber</b>	ADDRESS <b>705 S. Anne St</b>
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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6518  
Registered No. \_\_\_\_\_

416  
52 6518  
BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>MARGARET M. GALBREATH</b>			2. DATE OF DEATH <b>July 11, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sinai Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write R.U.M.L. and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>618 Laurens Street</b>			E. CITY OR TOWN (If outside corporate limits, write R.U.M.L. and give township) <b>14-03</b>		
5. SEX <b>Female</b>			6. COLOR OR RACE <b>White</b>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>			8. DATE OF BIRTH <b>May 3, 1881</b>		
9. AGE (in years last birthday) <b>71</b>			10. UNDER 1 Year: Months _____ Days _____		
11. UNDER 24 Hours: Hours _____ Min. _____			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>William Galbreath</b>			14. MOTHER'S MAIDEN NAME <b>Mary Ann Davies</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>?</b>		
17. INFORMANT <b>Miss Annie Greb-618 Laurens Street</b>			ADDRESS <b>Miss Annie Greb-618 Laurens Street</b>		

18. <b>170X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinomatous</b> (A) _____ DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Ca of Breast</b> (B) _____ DUE TO _____		
(C) _____		

19. DATE OF OPERATION <b>None</b>		19B. MAJOR FINDINGS OF OPERATION <b>ASHD</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
--------------------------------------	--	---	--	---	--

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <b>No</b>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

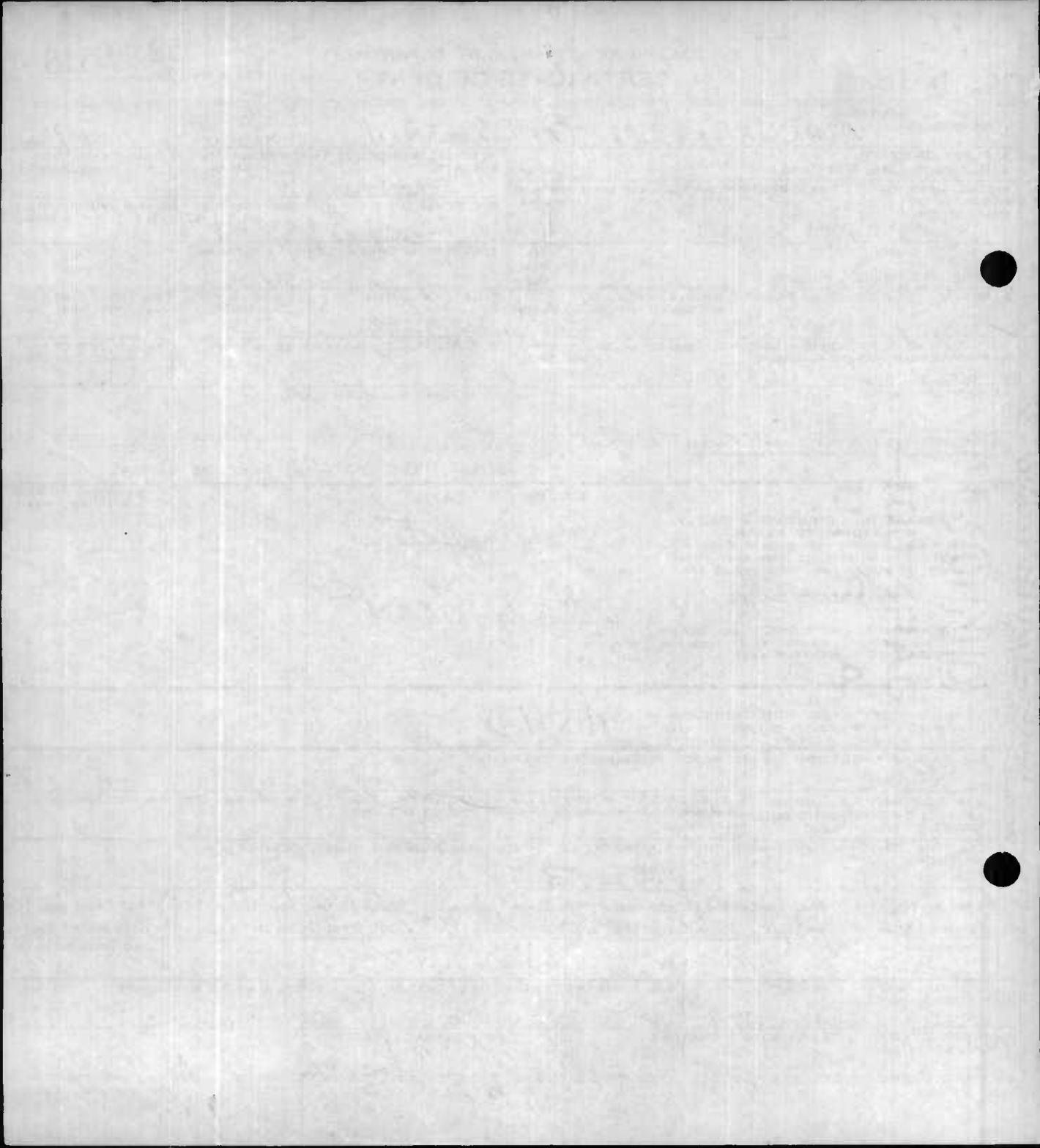
22. I hereby certify that I attended the deceased from **July 8, 1952** to **July 11, 1952**, that I last saw the deceased alive on **July 11, 1952**, and that death occurred at **10:45 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Curran H. Mason</b>		23B. ADDRESS <b>Sinai Hosp.</b>		23C. DATE SIGNED	
--	--	------------------------------------	--	------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 15, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cemetery</b>	
24D. LOCATION (City, town, or county) <b>Baltimore, Maryland</b>		(State)			

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 14 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Wm. J. Tschner &amp; Sons</b>	
ADDRESS <b>690 4G</b>		ADDRESS <b>N + La Aves Balto Md.</b>			

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6519  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>IRENE USTAD McDEARMON</b>			2. DATE OF DEATH <b>12 July 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>4315 Wentworth Rd.</b>			C. CITY OR TOWN (If outside corporate limits, with the JURAT, and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>4315 Wentworth Rd.</b>			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>April 11, 1887</b>	9. AGE (In years; last birthday) <b>65</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>
11. BIRTHPLACE (State or foreign country) <b>Illinois</b>			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME <b>Sigvald Ustad</b>			14. MOTHER'S MAIDEN NAME <b>Matilda --</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <b>Mr. Fielding McDearmon-4315 Wentworth Rd.</b>			ADDRESS _____		

MEDICAL CERTIFICATION

18. <b>331X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Cerebrovascular accident</b> DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH <b>1 week.</b>  <b>6 yrs.</b>  <b>6 years</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <b>Generalized &amp; cerebral arteriosclerosis.</b> DUE TO _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) <b>Paralysis agitans</b>		
19A. DATE OF OPERATION <b>None</b>	19B. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 13, 1951**, to **12 July, 1952**, that I last saw the deceased alive on **7 July, 1952**, and that death occurred at **4:45 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Ernest S. Cross</b>	23B. ADDRESS <b>1035 N. Calvert St</b>	23C. DATE SIGNED <b>12 July 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24B. DATE <b>7/15/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cem.</b>
24D. LOCATION (City, town, or county) (State) <b>St. Charles, Mo.</b>	25. FUNERAL DIRECTOR <b>Wm. J. Vickner &amp; Sons - Balto 17, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 14 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6520**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**MICHAEL GRAF**

2. DATE  
OF  
DEATH

**7-12-52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **UNIV. HOSP.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland** B. COUNTY **Carroll**

B. FULL NAME OF HOSPITAL OR INSTITUTION

**UNIV. OF MARYLAND HOSPITAL**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Westminster**

D. STREET ADDRESS (If rural, give location)

**Eldersburg Road. 5641**

c. Length of stay in Baltimore

**twelve**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**Apr. 11, 1868**

9. AGE (In years last birthday)

**84**

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Butcher Rtd**

10B. KIND OF BUSINESS OR INDUSTRY

**self Employed**

11. BIRTHPLACE (State or foreign country)

**Germany**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**--- Graf**

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**unknown**

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Mrs. Elizabeth Graf - Eldersburg Rd. / Md. Westminster**

18. **561.1**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Acute renal shut down**  
DUE TO **+ Pneumonia**

**7-3-52**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Surgery**  
DUE TO **Incarcerated Hernia**

**7-3-52**

**6-52**

**II**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

**Incarcerated femoral hernia**

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 1, 1952**, to **July 12, 1952** that I last saw the deceased alive on **July 12, 1952**, and that death occurred at **9:15 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

**Reg. C. Pedersen**

23B. ADDRESS

**University Hospital**

23C. DATE SIGNED

**7-12-52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

**July 11, 1952**

24C. NAME OF CEMETERY OR CREMATORY

**Druid Ridge Cem.**

24D. LOCATION (City, town, or county)

**Pikesville, Md.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**M. J. Vickner & Sons**

ADDRESS

**Baths 17, Md**

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please print the causes of death clearly and legibly.

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

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1934

STATE OF NEW YORK

OFFICE OF THE COMMISSIONER OF DEATH

STATE OF NEW YORK

OFFICE OF THE COMMISSIONER OF DEATH

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OFFICE OF THE COMMISSIONER OF DEATH

536  
52 6522BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6522

1. NAME OF DECEASED (Type or Print) <b>ROBERT A. SNYDER</b>			2. DATE OF DEATH <b>July 13, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>University Hosp.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Villa Nova</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>6828 Campfield Rd.</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept. 13, 1911</b>	9. AGE (In years last birthday) <b>40</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Route Manager</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Coca-Cola Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>Alvin Snyder</b>			12. CITIZEN OF WHAT COUNTRY? <b>Maryland</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>			14. MOTHER'S MAIDEN NAME <b>Clara E. --</b>		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <b>Mrs. Orma J. Snyder-6828 Campfield Rd.</b>		
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>MYOCARDIAL INFARCTION</b> DUE TO <b>CORONARY THROMBOSIS</b> (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7-12-52</b> , 19 <b>52</b> , to <b>7-13-52</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7-13</b> , 19 <b>52</b> , and that death occurred at <b>2:20</b> A. M., from the causes and on the date stated above.					
23A. SIGNATURE <b>W. R. Gress</b>			23B. ADDRESS <b>Wm. Gress</b>		23C. DATE SIGNED <b>7/13/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7/16/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Moreland Mem. Pk.</b>		24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 14 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>Wm. F. Vickner &amp; Sons</b>	
VS 150		52346		Balto 17 Md	

correct age is especially important. Physicians, please write the causes of death clearly and legibly.



Form with multiple sections and fields, including a large table area. The text is faint and mostly illegible due to the quality of the scan. Two punch holes are visible on the right side of the page.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6523  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EDWARD EUGENE BARNETT

2. DATE  
OF  
DEATH

July 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

402 Venable Avenue - 18

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5/31/1921

9. AGE (In years  
last birthday)

31

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Electrician

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Wm Barnett

14. MOTHER'S MAIDEN NAME

Mildred Bates

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

Yes

16. SOCIAL  
SECURITY NO.  
(If yes, give war or dates of service)

World War II

p17-18-2783

17. INFORMANT

ADDRESS

Alice G. Barnett 402 Venable Ave

18. 913.4 and 061X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Tetanus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Solely lesion caused by  
fishhook on 7/4/52

CERTIFICATION APPROVED BY

Stanley H. [Signature]  
CHIEF OR ASST. MEDICAL EXAMINER:

M. D.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

water

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

unknown

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

July 4, 1952

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Caught his foot  
someone cast a fishing line22. I hereby certify that I attended the deceased from July 11th 1952, to July 12, 1952, that I last saw the  
deceased alive on July 12, 1952, and that death occurred at 9:50 pm., from the causes and on the date stated above.

23A. SIGNATURE

John M. Krager

M. D.

23B. ADDRESS

1400 N. Caroline Street - 13

23C. DATE SIGNED

July 12, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

7/16/52

24C. NAME OF CEMETERY OR CREMATORY

U. S. National Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street

VS 150

N 873.2

515 265 20

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the causes of death clearly and legibly.



655  
2 6524BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6524

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary J. Eienman

2. DATE  
OF  
DEATH

7/12/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Union Memorial Hospital

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

636 Gutman Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLES, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/24/1878

9. AGE (in years  
last birthday)

73

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Own Home

13. FATHER'S NAME

James R. Parrish

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Sarah D. Richards

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Catherine E. Byll 731 Bartlett Ave

18. 420.1

CAUSE OF DEATH

INTERVAL  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

Immediate

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Atherosclerotic Cardio-Vascular disease

3 years.

(C) DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 1946 to July 12, 1952, that I last saw the  
deceased alive on May 4, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6525**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**ALEX Andrew BOGARD**

2. DATE  
OF  
DEATH

**July 13, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**Marine Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

**Texas**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Houston**

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Single**

8. DATE OF BIRTH

**MARCH 5, 1899**

9. AGE (In years last birthday)

**53**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**SEAMAN**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Detroit Texas**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**Alexander Andrew Bogard Sr.**

14. MOTHER'S MAIDEN NAME

**Minnie Ann Kendall**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**U.S. Public Service Hospital**

18. **594x and 002x**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Interstitial nephritis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Pulmonary tuberculosis**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **AUTOPSY** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**Stanley H. Denecker** M.D.

23B. CHIEF MEDICAL EXAMINER ☒

ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

**July 14, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

24B. DATE

**July 14, 1952**

24C. NAME OF CEMETERY OR CREMATORY

**FOREST PARK**

24D. LOCATION (City, town, or county)

**Houston,**

(State)

**TEXAS**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**July 14, 1952**

**Huntington W. H. Jones & Sons N. & P. Ave.**

RECEIVED  
DEPARTMENT OF THE ARMY  
WASHINGTON, D. C.

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265  
52 6526

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6526

1. NAME OF DECEASED (Type or Print) <b>Louisa Scorani</b>		2. DATE OF DEATH <b>7/13/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>3037 Arunah Ave</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>April 29-1876</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>Ebenezer Hunter</b>		14. MOTHER'S MAIDEN NAME <b>Emeline Evans</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Samuel Scorani</b>		ADDRESS <b>3037 Arunah Ave</b>	

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <b>Arterio-sclerotic Cardiovascular Disease &amp; Congestive Failure &amp; Pulmonary Edema</b>	INTERVAL BETWEEN ONSET AND DEATH
	(B) <b>Disease &amp; Congestive Failure &amp; Pulmonary Edema</b>	
	(C)	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Hunter's Heart Murmurs</b>	
--	--

19A. DATE OF OPERATION <b>7/13/52</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 1, 1952** to **July 13, 1952** that I last saw the deceased alive on **July 13, 1952** and that death occurred at **10:00 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Charles B. Adams, M.D.</b>	23B. ADDRESS <b>University Hosp</b>	23C. DATE SIGNED <b>7/13/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/16/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Cross</b>
24D. LOCATION (City, town, or county) <b>Baltimore</b>	25. FUNERAL DIRECTOR <b>Philip Herwig Sons</b>	ADDRESS <b>2024 Orleans St</b>

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 6527

BIRTH NO. 6527

1. NAME OF DECEASED  
(Type or Print) Edgar Hoyt GRAINGER

2. DATE OF DEATH July 13, 1952

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md. B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
St Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Oella

D. STREET ADDRESS (If rural, give location)  
5 Glen Ave.,

Length of stay in Baltimore 5 Yrs. 0 Mos. 0 Days

5. SEX M 6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH  
3/26/21

9. AGE (in years, last birthday) 31  
If Under 1 Year: Months 0 Days 0  
If Under 24 Hours: Hours 0 Min. 0

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Brick Layer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
South Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME  
Ferd Grainger

CONF

14. MOTHER'S MAIDEN NAME  
Minnie Sarvis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Oella, Mrs. Helen M. Grainger 5 Glen Ave. Md.

18. E802X

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Multiple Extreme Injuries  
DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
RAILROAD TRACK

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  
B&O RR- near Ellicott City

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  
7-13-52 1A

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Was sleeping, Run over by train. on track.

22. I certify that I took charge of the remains described above, held an Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE B. S. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐  
23C. DATE SIGNED 7/13/52

24A. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24B. DATE  
7-16-1952

24C. NAME OF CEMETERY OR CREMATORY  
Mt. Zion,

24D. LOCATION (City, town, or county) (State)  
Horry, S. Carolina

DATE RECEIVED BY LOCAL REGISTRAR  
JUL 14 1952

REGISTRAR'S SIGNATURE  
Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS  
G. Howard Strong 3207 W. North Ave.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 6528

BIRTH NO. 400

1. NAME OF DECEASED (Type or Print) <u>Louis Celio</u>			2. DATE OF DEATH <u>July 12, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Ind.</u> B. COUNTY <u>2-02</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
D. STREET ADDRESS (If rural, give location) <u>227 E. Register St.</u>			E. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 26-1916</u>		AGE (in years last birthday) <u>35</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Shipyards</u>		11. BIRTHPLACE (State or foreign country) <u>Pa.</u>
13. FATHER'S NAME <u>Emile Celio</u>			12. CITIZEN OF WHAT COUNTRY? <u>Pa.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>213-07-5731</u>		17. INFORMANT <u>Mary Cetrulo</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>213-07-5731</u>		17. INFORMANT <u>Mary Cetrulo</u>

18. <u>410X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <u>Congestive heart failure</u>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) <u>Congestive heart failure</u> DUE TO	
		(B) <u>Arteriosclerosis and mitral stenosis + insufficiency</u> DUE TO	
		(C) <u>Chronic heart disease</u> DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <u>7/12/52</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 11, 1952 to July 12, 1952 that I last saw the deceased alive on July 12, 1952 and that death occurred at 2:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE Louise S. Shulman M. D.

23B. ADDRESS JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED 7-12-52

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>July 12, 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>		24D. LOCATION (City, town, or county) (State) <u>Balto. Co. Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JUL 14 1952</u>				REGISTRAR'S SIGNATURE <u>Huntington Williams</u>			
FUNDAL DIRECTOR <u>Wm. S. Fealkowski</u>				ADDRESS <u>2007 Eastern Ave</u>			

500

all right



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6529**

1. NAME OF DECEASED (Type or Print) <i>Charlotte (LOTTIE) Becker</i>		2. DATE OF DEATH <i>July 11, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>8-04</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1510 N. Collington Ave</i>		C. CITY OR TOWN (If outside corporate limits, give rural and give township) <i>BALTO</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1510 N. Collington Ave</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOW</i>	8. DATE OF BIRTH <i>Mar 17, 1879</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In year, last birthday) <i>73</i>
13. FATHER'S NAME <i>?</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		11. BIRTHPLACE (State or foreign country) <i>Balto</i>	
16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT ADDRESS <i>Mrs Harthausen Same</i>	
18. <i>151X</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	

18. <i>151X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the cause of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cachexia and Metastases</i>		<i>2 months</i>	
DUE TO		(B) <i>Carcinoma of Stomach and Intestines.</i>		<i>3 years</i>	
DUE TO		(C)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 10</i> , 19 <i>50</i> , to <i>July 11</i> , 19 <i>52</i> that I last saw the deceased alive on <i>July 11</i> , 19 <i>52</i> and that death occurred at <i>630 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Albert Eisenberg</i>		23B. ADDRESS <i>2200 Mayfield Ave</i>		23C. DATE SIGNED <i>7-12-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>7-15-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>CEDAR HILL</i>	
24D. LOCATION (City, town, or county) (State) <i>PITCHIE Highway Md</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 14 1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
24G. FUNERAL DIRECTOR <i>Mildred J. Bleght</i>		24H. ADDRESS <i>652 6009 Harford Rd</i>			

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THE NATIONAL ARCHIVES

COLLECTION OF DOCUMENTS

RELATIVE TO THE

AMERICAN REVOLUTION

1776-1783

IN THE

LIBRARY OF CONGRESS

WASHINGTON, D. C.

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LIBRARY OF CONGRESS

WASHINGTON, D. C.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6530

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Emma M. Holmes

2. DATE  
OF  
DEATH

July 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION  
(If not in hospital or institution, give street address or location)

2012 Pulaski St.

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2012 Pulaski St.

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

10/8/88

9. AGE (in years  
last birthday)

63

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Thomas Butler

14. MOTHER'S MAIDEN NAME

Amelia Matthews

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT  
ADDRESS

Rosie Brown, Westminister, Md.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) ...  
DUE TO

Coronary Thrombosis

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) ...  
DUE TO  
(C) ...

Hypertensive Heart Disease 6 mm

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from June 3, 1952, to July 10, 1952, that I last saw the  
deceased alive on July 10, 1952, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/14/52

24C. NAME OF CEMETERY OR CREMATORY

Mount Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 14 1952

Huntington Williams, M.D.

Charles R. Law, 802 Madison Ave.

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6531  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Agnes Johnson</i>			2. DATE OF DEATH <i>July 11, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Dept</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>16-01</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>1101 W. Lammale St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>	8. DATE OF BIRTH <i>5-30-95</i>		9. AGE (In years last birthday) <i>57</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>md</i>	
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <i>Harry Priscoe</i>		
14. MOTHER'S MAIDEN NAME <i>Charlotte Hall</i>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>260x and 170x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Cerebral Thrombosis</i> DUE TO (B) <i>Hypertension</i> DUE TO (C) <i>Diabetes mellitus</i>	INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i> <i>2 years</i> <i>13 years</i>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Carcinoma of breast</i>	<i>4 years</i>

19A. DATE OF OPERATION <i>7-5-52</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7-5-52* to *7-11-52*, that I last saw the deceased alive on *7-11-52*, and that death occurred at *11 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE *George A. Edwards* M.D. 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED *7-12-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7/15/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem.</i>	24D. LOCATION (City, town, or county) (State) <i>Arbutus Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 14 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Eugene Slater</i>	ADDRESS <i>601 W. Barre</i>

9208A

STV

DATE OF DEATH

Central Thrombosis

Right ear

Diagnosis: malleus

Condition of heart

Dr. C. R. R.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6532**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>BERNADETTE REID</b>		2. DATE OF DEATH <b>July 14, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Seton Institute</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>Seton Institute</b>		E. AGE (in years last birthday) <b>50</b>	
F. LENGTH OF STAY IN BALTIMORE		G. DATE OF BIRTH <b>Oct. 19, 1901</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Oct. 19, 1901</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>U. S. Govt</b>	
13. FATHER'S NAME <b>William S. Reid</b>		14. MOTHER'S MAIDEN NAME <b>Alice E. Browning</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Lawrence E. Reid</b>		ADDRESS <b>3128 Calver Ave Phil</b>	

18. <b>E974X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Asphyxia due to hanging</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES		
(B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>hospital</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Seton Institute</b>	
21D. TIME (Month) (Day) (Year) (Hour) (Min) OF INJURY <b>July 14, 1952 7:15</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>hanged herself by sheet</b>	
22. I certify that I took charge of the remains described above, held an <b>partial autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					

23A. SIGNATURE <i>Stanley H. Dunlacher</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>July 14, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7/17/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Sepulchre</b>	
24D. LOCATION (City, town, or county) (State) <b>Montgomery Co. Penna.</b>		24E. FUNERAL DIRECTOR <b>John R. Moran</b>		24F. ADDRESS <b>3000 E. Baltimore St</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 14 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNDING AGENCY <b>Per 118 Law</b>	

V-5 151

N 991X

39891

Correct life is especially important. Physicians, please write the causes of death clearly and legibly.

510 57

UNITED STATES DEPARTMENT OF HEALTH  
BUREAU OF PUBLIC HEALTH

Form 5

DATE OF BIRTH

PLACE OF BIRTH

21

RECEIVED BY THE BUREAU

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52 6533  
JL - 160475

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

52 6533

BIRTH NO.

## CERTIFICATE OF DEATH

1. NAME OF DECEASED  
(Type or Print)

Shirley Ann Johnson

2. DATE  
OF  
DEATH

7-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

Md.

B. COUNTY

Somerset

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)Baltimore City Hospitals  
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

6900

C. Length of stay in Baltimore

19 days

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

Westover, Md. Highway 13

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 27, 1947

9. AGE (in years  
last birthday)

4 1/2

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Walter James Johnson

14. MOTHER'S MAIDEN NAME

Juanita Hurley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18. 010X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Tuberculous Meningitis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 6-25-52, 1952, to July 14, 1952 that I last saw the  
deceased alive on July 14, 1952, and that death occurred at 7.15 PM from the causes and on the date stated above.

23A. SIGNATURE

J. S. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

7-15-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR24B. DATE  
7-16-5224C. NAME OF CEMETERY OR CREMATORY  
Pocomoke24D. LOCATION (City, town, or county) (State)  
Pocomoke City, MDDATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 15 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6534  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Henry Retter

2. DATE OF DEATH 13 July 1952  
6:30 P.M.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1200 Valley St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)  
Little Sisters of the PoorC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 10-01

C. Length of stay in Baltimore 7 months

Yrs.  
Mos.  
DaysD. STREET ADDRESS (If rural, give location)  
1200 Valley St

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

July 6<sup>th</sup> 1889

9. AGE (in years last birthday)

63

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Louis Retter

14. MOTHER'S MAIDEN NAME

Amanda Fredrick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Little Sisters of the Poor

18. 231X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

1 day

DUE TO

ANTECEDENT CAUSES

(B)

Arterio Sclerosis

5 yrs

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1<sup>st</sup>, 1952 to July 13<sup>th</sup>, 1952, that I last saw the deceased alive on July 13, 1952, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

E. Gill Hall M.D.

23B. ADDRESS

16318 North Ave

23C. DATE SIGNED

7/14/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 15 1952

Huntington Williams, Jr.

Rita Wiedefeld 900 E. Biddle St

VS 150

MEDICAL CERTIFICATION

STATE OF TEXAS  
COUNTY OF DALLAS

BEFORE ME, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for the State of Texas

My commission expires this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for the State of Texas

My commission expires this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Notary Public in and for the State of Texas

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Notary Public in and for the State of Texas

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Witness my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for the State of Texas

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Notary Public in and for the State of Texas

My commission expires this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for the State of Texas

My commission expires this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for the State of Texas

My commission expires this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 6535

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

RAY WILSON HULBER

2. DATE  
OF  
DEATH

13 JULY 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Md.

B. COUNTY Howard

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Ellicott City, Md.

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5. SEX

Male

6. COLOR or RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Infant

8. DATE OF BIRTH

7-13-52

9. AGE (in years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

? 5-10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Ellicott City Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

CARSON DAVID HULBER

14. MOTHER'S MAIDEN NAME

MAY SYLVIA WALKER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

MOTHER →

ADDRESS

Ellicott City Md

18. 776x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

PREMATURITY

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Turn pregnancy.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Premature labor &amp; delivery

INTERVAL BETWEEN ONSET AND DEATH

? 5-10 min.

32 wks.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-13-52, 19, to 7-13-52, 19, that I last saw the deceased alive on 7-13-52, 19, and that death occurred at 7-13-52, 19, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

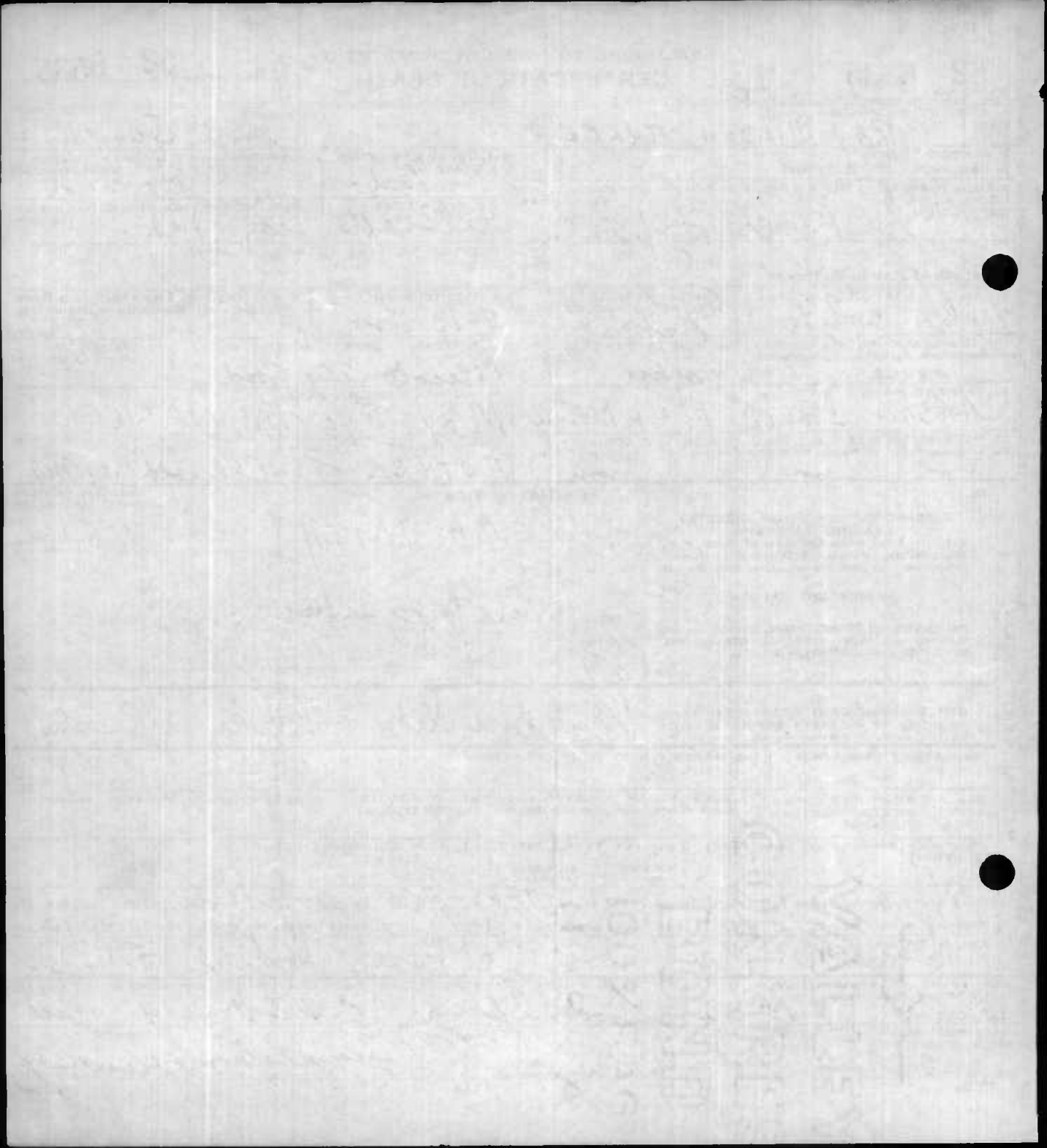
25. FUNERAL DIRECTOR

ADDRESS

JUL 15 1952

Huntington Williams

F. C. Higginbotham Ellicott City Md



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. 52-6536

1. NAME OF DECEASED  
(Type or Print)

BABY BOY MUHLY

2. DATE  
OF  
DEATH

9-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5427 Purdue Ave #12

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

9-14-52

9. AGE (in years last birthday)

If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.

3 12

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Henry Muhly JR

14. MOTHER'S MAIDEN NAME

Doris Via

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or no known) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

FATHER

ADDRESS

SAME

18. 770.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Erythroblastosis fetalis  
Prematurity

3 hrs +

12 mins

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5:00 a.m. - 6-14-52 to 7:48 a.m. - 7-14-52 that I last saw the deceased alive on 7-14, 1952, and that death occurred at 7:48 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Martina Triona - Certega M. D.

23B. ADDRESS

Mercy Hospital, Balt.

23C. DATE SIGNED

7-14-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/15/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

DALTO MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

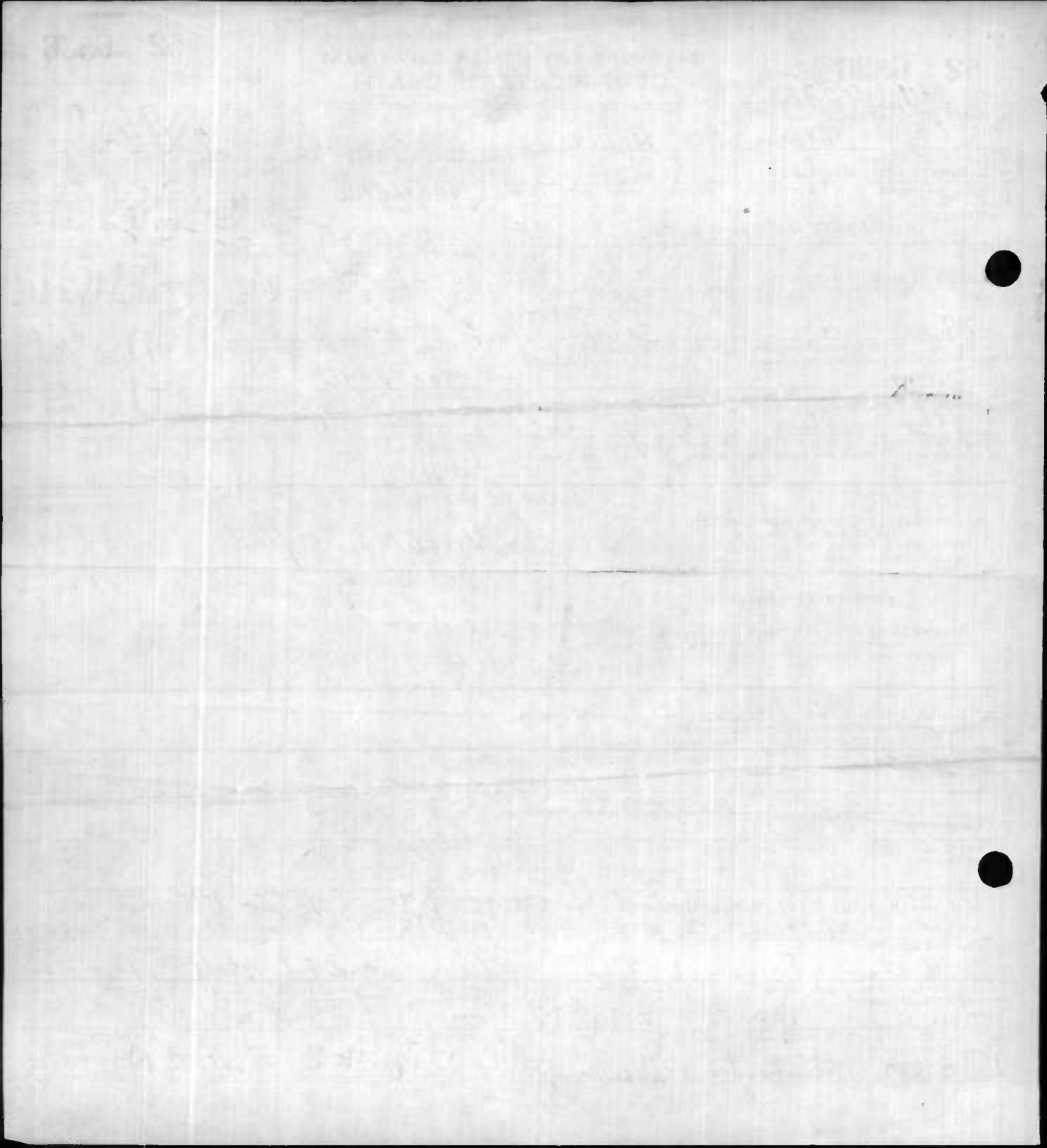
25. FUNERAL DIRECTOR

L. J. Ruck 35305 Hartford

ADDRESS

VS 150

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6537  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>CHARLES F. DENT</b>		2. DATE OF DEATH <b>7/12/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>BALTO. CITY HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore _____ Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>7601 German Hill Rd.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 14, 1873</b>
9. AGE (In years last birthday) <b>78</b>		10. UNDER 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter (Unemployed)</b>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Charles Co. Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>A.S.A.</b>	
13. FATHER'S NAME <b>Jessie Dent</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <b>Randolph Thomas</b>		ADDRESS <b>9348 Dean St</b>	

18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>ANTERIO-SCLEROTIC Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <b>R. S. Fisher</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		23C. DATE SIGNED <b>7/13/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7/16/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 15 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		24D. LOCATION (City, town, or county) <b>A. A. Co. Md.</b>	
		25. FUNERAL DIRECTOR <b>Robert H. Young</b>		ADDRESS <b>1216 N. Caroline St</b>	

WILSON CITY BEAUFORT COUNTY  
CERTIFICATE OF DEATH

25-1-17

*[Faint, illegible text and markings on a lined background, possibly representing a form or document.]*



4100

52 6538

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6538

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mauda Hale

2. DATE  
OF  
DEATH

7-13-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION  
(If not in hospital or institution, give street address or location)

Ba - Mil - Gav Home

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

2101 W. Cold Spring Lane

C. CITY OR TOWN

Baltimore 27-15

D. STREET ADDRESS (If rural, give location)

2101 W. Cold Spring Lane

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Nov. 6, 1882

9. AGE (In years,  
last birthday)

70

If Under 1 Year  
Months: Days: Hours: Min.

10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Social Work

10b. KIND OF BUSINESS OR  
INDUSTRY

Baltimore

11. BIRTHPLACE (State or foreign country)

Florida

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

No.

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mrs. Elizabeth G. Gley

2101 Cold Spring Lane

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Cardio Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

?

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 29, 1952, to June 29, 1952, that I last saw the deceased alive on June 29, 1952, and that death occurred at 4:25 P.M. from the causes and on the date stated above.

23a. SIGNATURE

W. D. Johnson

23b. ADDRESS

403 Med Arts Bldg

23c. DATE SIGNED

7-13-52

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24b. DATE

July 19, 1952

24c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24d. LOCATION (City, town, or county) (State)

Baltimore, Md.

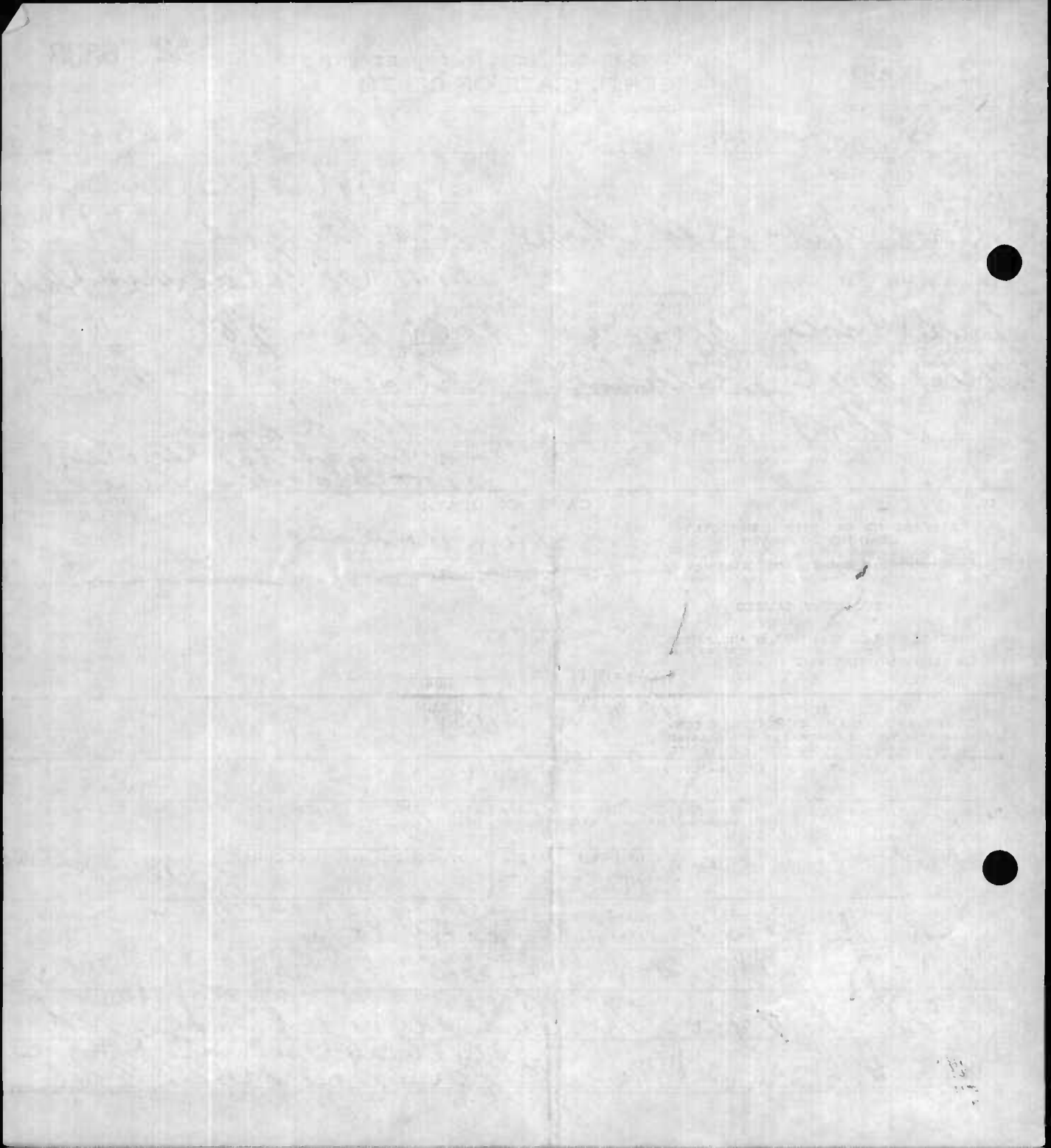
DATE RECEIVED BY REGISTRAR'S SIGNATURE

JUL 15 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Walling Surgical Home



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6539  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ELIZABETH STOTELMYER</b>		2. DATE OF DEATH <b>July 13, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>South Baltimore General</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>4-01</b>	
D. STREET ADDRESS (If rural, give location) <b>110 W. Mulberry Street</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>August 12, 1888</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	9. AGE (In years last birthday) <b>63</b> If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Harry Watson</b>		14. MOTHER'S MAIDEN NAME <b>Emma I. Hoover</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>(If yes, give war or dates of service)</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Joseph H. Stotelmyer, 1208 Pine Heights Ave</b>

18. <b>E 970.2</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Acute barbiturate poisoning</b> (A) _____ DUE TO _____  ANTECEDENT CAUSES (B) _____ DUE TO _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <b>Acute barbiturate poisoning</b>	INTERVAL BETWEEN ONSET AND DEATH
--	--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>110 W. Mulberry St.</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>July 12 or 13, 1952</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>ate Took over-dose of fast-acting barbiturate</b>	
22. I certify that I took charge of the remains described above, held an <b>autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , <b>suicide</b> <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley H. Quisenberry</i> M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/>		23C. DATE SIGNED <b>July 14, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>7/16/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Louisa Park Cemetery</b>	
24D. LOCATION (City, town, or county) <b>Baltimore, Maryland</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 15 1952</b>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
24G. FUNERAL DIRECTOR <i>Wm. C. B. Co.</i>		24H. ADDRESS <b>61217 St. Paul Street</b>		24I. V S 151	

N 9711.0

1930

REPORT OF THE HEALTH DEPARTMENT

CENTRAL STATE OF DEATH

1930

1930

1930

1930

1930

1930

52 6540

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 6540

BIRTH NO.

Wesley

1. NAME OF DECEASED  
(Type or Print)

GEORGE KELLEY

2. DATE  
OF  
DEATH

7/14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

ST Agnes Hospital

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

28-04

D. STREET ADDRESS (If rural, give location)

709 Brookwood Rd

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

10/13/67

9. AGE (In years  
last birthday)

84

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Ret Vice Pres.

10B. KIND OF BUSINESS OR  
INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

George Kelley

14. MOTHER'S MAIDEN NAME

Sarah?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Charles Yost - 709 Brookwood Rd.

18. 177X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hypertension - Arteriosclerosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Carcinoma of Prostate

DUE TO

(C) Benign changes

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/11, 1952, to 7/14, 1952, that I last saw the  
deceased alive on 7/13, 1952, and that death occurred at 1:15 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John F. J. J.

M. D.

St Agnes Hosp

7/14/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/16/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Thos. J. Vickers &amp; Sons

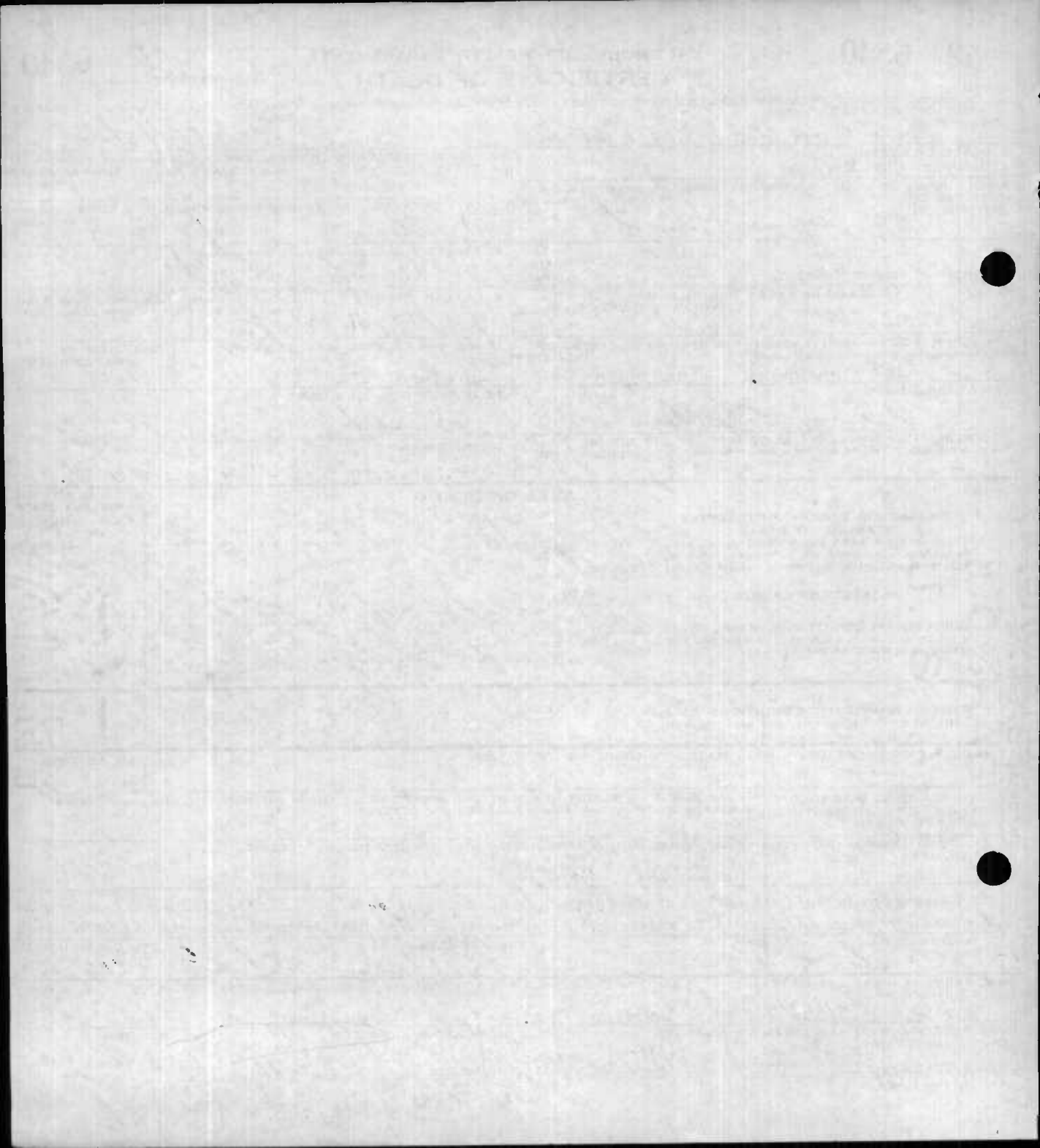
ADDRESS

JUL 15 1952

19520706537

Balto. 17 Md

MEDICAL CERTIFICATION





260  
52 6541BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6541  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

GLENN A. FISHER

2. DATE  
OF  
DEATH

July 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hospital

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR  
INDUSTRY

—

13. FATHER'S NAME

S H W Lucas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

none

8. DATE OF BIRTH

Nov: 16, 1874

9. AGE (In years  
last birthday)

77

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

VA

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Susan C. Bonsack

17. INFORMANT

ADDRESS

Mr. Frank M. Fisher - 104 W. North Ave.

18. E903.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Fracture of RT: Hip.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C) Cardiovascular failure

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

7/10/52

19B. MAJOR FINDINGS OF OPERATION

Intra-chamber fracture of RT: femur

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

Accident

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Hotel Room

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

104 W. North Ave.; (Franklin Hotel)

22. I hereby certify that I attended the deceased from 7/7, 1952 to 7/14, 1952 that I last saw the  
deceased alive on 7/14, 1952 and that death occurred at 3:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Lobesh Bakhair

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

7/14/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

7/15/52

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem.

24D. LOCATION (City, town, or county)

Washington, D. C.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

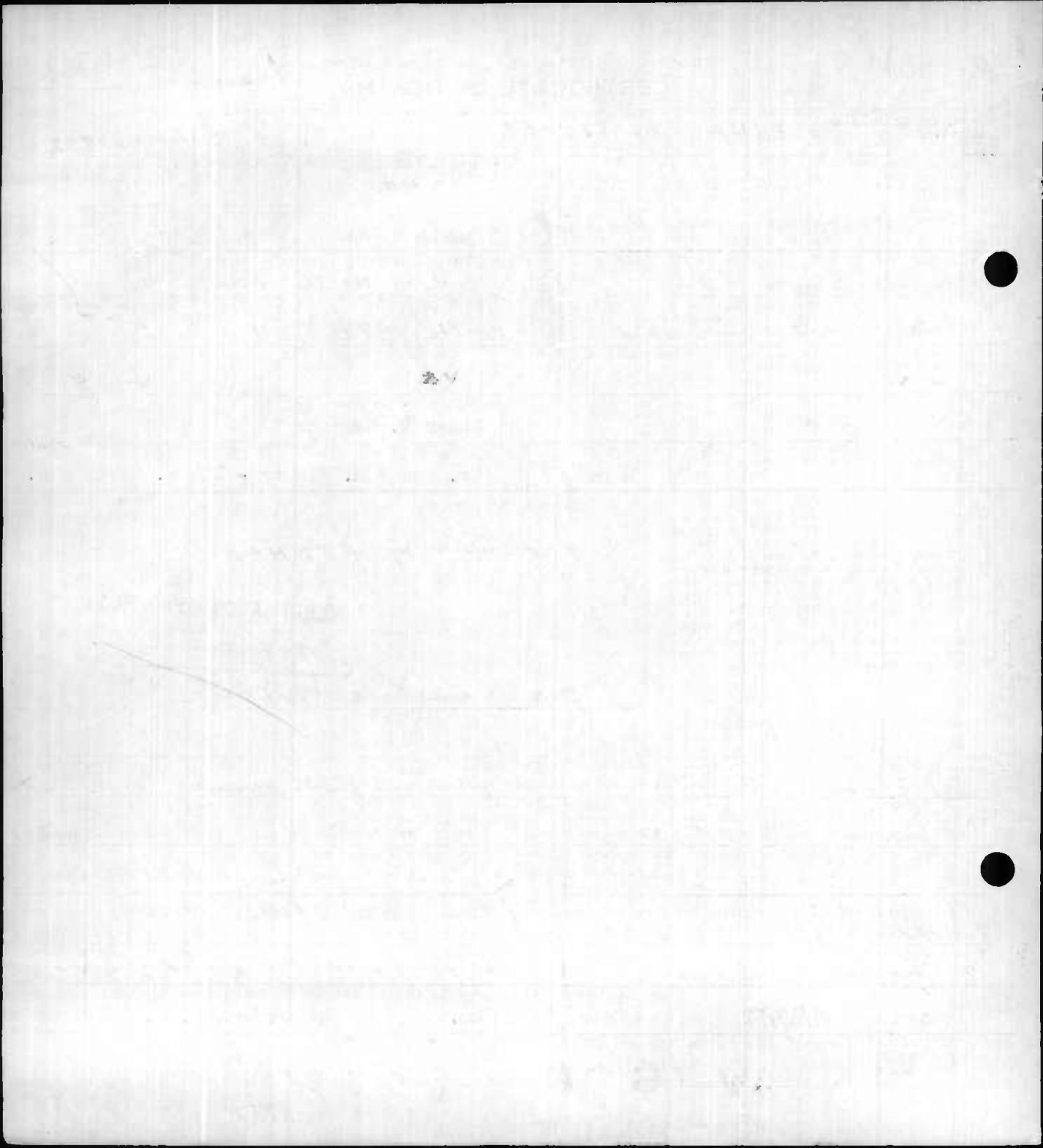
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. J. Lickner &amp; Sons

Balto. 17, Md.



354

52 6542

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6542

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

F. Norman Stanley

2. DATE  
OF DEATH July 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

750 W. Fayette Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

4-02

D. STREET ADDRESS (If rural, give location)

750 W. Fayette Street

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 7, 1887

9. AGE (In years  
last birthday)

65

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

American Rescue Worker

10B. KIND OF BUSINESS OR  
INDUSTRY

WELFARE

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.17. INFORMANT  
ADDRESS  
Paul Stanley, Collegedale, Tennessee

18. 181X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Carcinoma of Bladder

INTERVAL BETWEEN  
ONSET AND DEATH

2

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1st, 1952, to July 13, 1952, that I last saw the  
deceased alive on July 13, 1952, and that death occurred at 8 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

7/16/52

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Cemetery

24D. LOCATION (City, town, or county) (State)

Dorsey,

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. M. Cook, Jr. 1217 St. Paul Street

JUL 15 1952

VS 150

19698W

MEDICAL CERTIFICATION



600  
52 6543BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6543

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Katherine F Loewer

2. DATE  
OF  
DEATH

July 12 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

511 N Castle St

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

before admission)

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

511 N Castle

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct 15 1890

9. AGE (In years  
last birthday)

61

If Under 1 Year  
Months; DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Walters

14. MOTHER'S MAIDEN NAME

Louise Reese

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Leonard F Loewer 511 N Castle St

18. 156.1 and 260X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

20. AUTOPSY?

YES ☐ NO ☒21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☒NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 24 p.m., to 2 9/25 p.m., that I last saw the  
deceased alive on 7-12-52, and that death occurred at 7-12-52, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

February 1, 1911

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 28th inst.

and in reply to inform you that the same has been forwarded to the

proper authorities for their consideration.

I am, Sir, very respectfully,

Yours very truly,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6544  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Sr. Mary Rosetta Rudd*

2. DATE  
OF  
DEATH

*July 14, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto. Maryland*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
*Notre Dame of Maryland*

C. Length of stay in Baltimore *most of life*

5. SEX

*F*

6. COLOR OR RACE

*W*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
*S*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Teacher*

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

*Charles Rudd*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

*March 4, 1899*

9. AGE (in years last birthday)

*53*

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

*Alexandria Virginia*

12. CITIZEN OF WHAT COUNTRY?

*US*

14. MOTHER'S MAIDEN NAME

*Elizabeth Farrington*

17. INFORMANT

ADDRESS

*Sr. Marie Rupert R.N. 4701 N. Charles*

18. *170X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

*Barium of Brain with hemorrhage*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

*Barium of Brain & Anterior to Brain*

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *July 12, 1952* to *July 14, 1952*, that I last saw the deceased alive on *July 14, 1952* and that death occurred at *4:40 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*BURIAL 7-16-52 SISTERS' CEM., CHARLES ST. & HOMELAND*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*JUL 15 1952*

*Huntington Williams, 901 S. CONKLING ST.*

*901 S. CONKLING ST.*

Examination of the  
with the following  
Examination of the  
Examination of the

Examination of the

Examination of the

Examination of the

Examination of the

630  
52 6545BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6545

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Mrs. Martha V. Harwood

2. DATE  
OF  
DEATH

July 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4143 Falls Road

C. Length of stay in Baltimore

6 years

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4143 Falls Road

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Nov. 18, 1860

9. AGE (In years  
last birthday)

91

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Joshua Harvey

14. MOTHER'S MAIDEN NAME

Martha Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Wm. F. Schoenhaar 4143 Falls Road

18. 170X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 15, 1952, to July 12, 1952, that I last saw the  
deceased alive on July 11, 1952, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

July 15, 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 15 1952

Huntington Williams, M.D.

Burgess Funeral Home

3631 Falls Road

Horace F. Burgee

• • •

52 6546

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6546

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mrs. Carrie Stump

2. DATE  
OF  
DEATH July 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1219 W. 40th Street

C. Length of stay in Baltimore Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Jan. 27, 1877

9. AGE (in years  
last birthday)

75

If Under 1 Year  
Months; DaysIf Under 24 Hours  
Hours; Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
U S A

13. FATHER'S NAME

John Adam Munzert

14. MOTHER'S MAIDEN NAME

Elizabeth Selden

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Arthur M. Ruby

ADDRESS

1219 W. 40th Street

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

5-6-78

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TOCarcinoma of Breast  
= generalized metastasis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 24, 1948

19B. MAJOR FINDINGS OF OPERATION

Loc of Left breast.

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-6, 1948 to 7-14, 1952, that I last saw the  
deceased alive on 7-14, 1952, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

July 17, 1952

24C. NAME OF CEMETERY OR CREMATORY

Jessops

24D. LOCATION (City, town, or county)

Baltimore Co., Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 15 1952

Huntington Williams

Burgee Funeral Home

3631 Falls Road

CRIMINAL RECORDS

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6547

BIRTH NO. 52 6547

1. NAME OF DECEASED (Type or Print) <b>SILAS BAGLEY. (BAGBY)</b>		2. DATE OF DEATH <b>7/13/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>BALTIMORE.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND.</b> B. COUNTY <b>15-02</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>PROVIDENT HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>	
Length of stay in Baltimore <b>40</b> Yrs. <b>Moer</b> Days <b>1822 LORMAN. ST.</b>		D. STREET ADDRESS (If rural, give location)	
5. SEX <b>M</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>12-22-74</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER.</b>		9. AGE (In years last birthday) <b>77</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>—</b>		11. BIRTHPLACE (State or foreign country) <b>UNKNOWN.</b>	
13. FATHER'S NAME <b>UNKNOWN.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>UNKNOWN.</b>		14. MOTHER'S MAIDEN NAME <b>UNKNOWN.</b>	
16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT ADDRESS <b>LUCY BAGLEY. 1822 LORMAN. ST.</b>	
18. <b>E916.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <b>2nd + 3rd 0 Burns of</b> DUE TO <b>Chest + Left ARM.</b> INTERVAL BETWEEN ONSET AND DEATH <b>hours</b>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>ATHEROSCLEROTIC Heart Disease + 4v</b>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>182.3 LORMAN ST 15/2</b>		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>7-12-52 10-11 AM.</b>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Smoking in chair AT home.</b>	
22. I certify that I took charge of the remains described above, held an <b>Inspection</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <b>R. F. Fisher</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED <b>7/13/52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>7-18-52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>MT. CALVARY CEM.</b>		24D. LOCATION (City, town, or county) (State) <b>A.A. County Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 15 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>WILLIAM A. JALISON.</b>		ADDRESS <b>918 PENNA AVE.</b>	

1918

CERTIFICATE OF DEATH

1918

Name of Deceased		Age		Sex		Race		Date of Death		Place of Death		Cause of Death		Signature of Physician		Signature of Registrar	
John Doe		45		Male		White		Jan 15 1918		New York City		Heart Disease		J. Smith		A. Brown	
Occupation		Residence		Marital Status		Religion		Burial Place		Date of Burial		Name of Burial Place		Signature of Minister		Signature of Registrar	
Teacher		123 Main St		Married		Catholic		St. Mary's		Jan 16 1918		St. Mary's		P. Jones		A. Brown	
Date of Birth		Date of Death		Time of Death		Time of Burial		Time of Interment		Time of Exhumation		Time of Reinterment		Time of Disinterment		Time of Reinterment	
Jan 1 1873		Jan 15 1918		10:30 AM		11:00 AM		11:30 AM		12:00 PM		12:30 PM		1:00 PM		1:30 PM	

52 6548

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

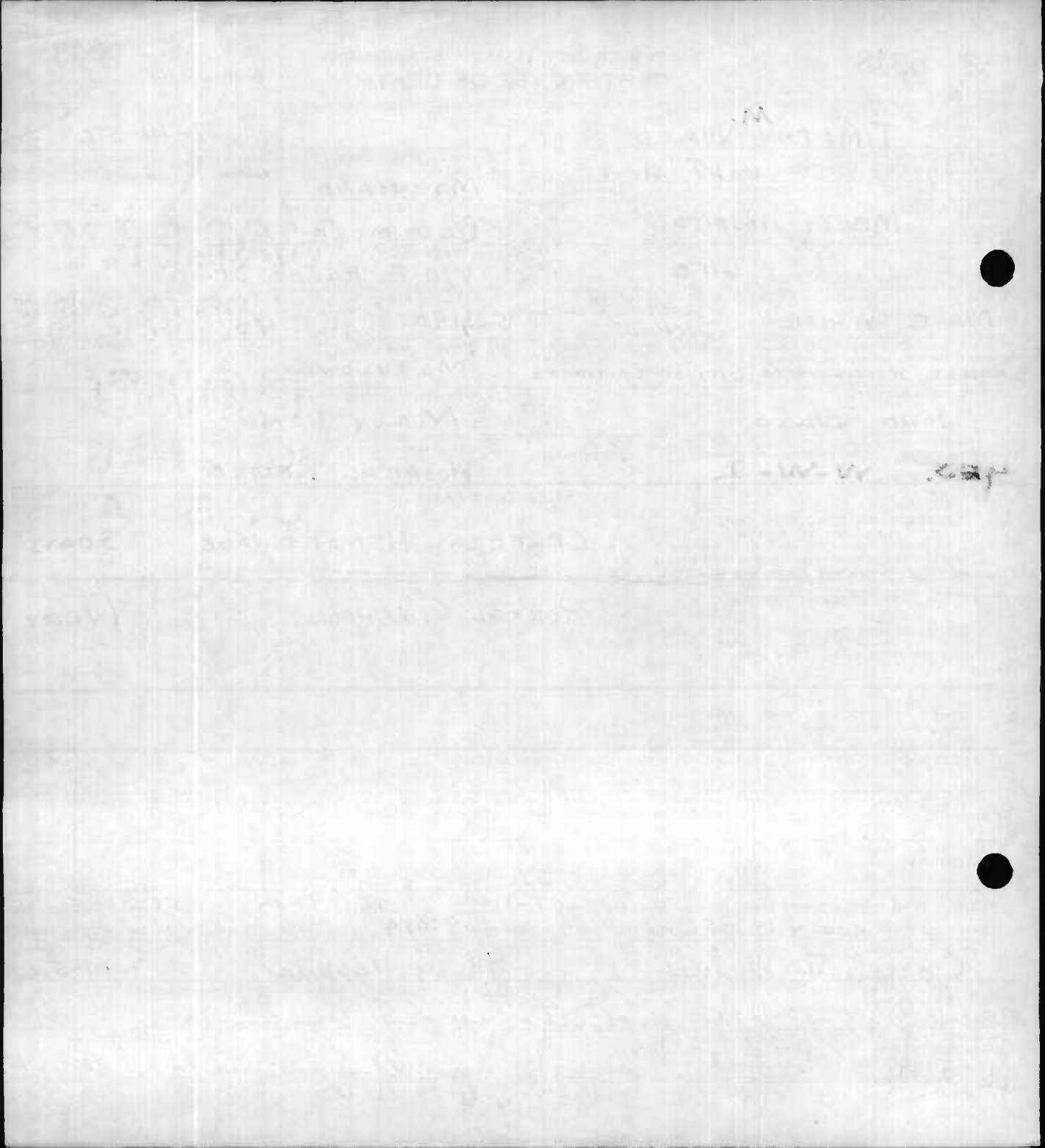
52 6548

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>M. TIMOTHY WARD</b>		2. DATE OF DEATH <b>7-14-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>BALTIMORE</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>MERCY HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 10-01</b>	
Length of stay in Baltimore <b>LIFE</b>		D. STREET ADDRESS (If rural, give location) <b>810 E. EAGER ST.</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>5-23-1907</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER-STREETSWEEPER</b>		9. AGE (In years last birthday) <b>45</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>CITY OF BALTIMORE</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
13. FATHER'S NAME <b>JOHN WARD</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>YES</b>		14. MOTHER'S MAIDEN NAME <b>MARY LAMP</b>	
16. SOCIAL SECURITY NO. <b>W-W-2</b>		17. INFORMANT <b>HOSPITAL RECORD</b>	
18. <b>581.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CEREBRAL HEMORRHAGE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 DAYS</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>PORTAL CIRRHOSIS</b>		1 YEAR	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7-11-</b> , 19 <b>52</b> to <b>7-14</b> , 19 <b>52</b> that I last saw the deceased alive on <b>JULY 14, 1952</b> and that death occurred at <b>8:05 A.M.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Joseph J. Michels</b>		23B. ADDRESS <b>Mercy Hospital</b>	
23C. DATE SIGNED <b>7-14-52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7-17-1952</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 15 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>W. Conklin</b>		ADDRESS <b>924 E. Eager St.</b>	

MEDICAL CERTIFICATION



52 6549

## BALTIMORE CITY HEALTH DEPARTMENT

52 6549

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

MILLOSEK

1. NAME OF DECEASED  
(Type or Print)

Millosek

STANLEY

2. DATE  
OF  
DEATHJuly 14  
1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Pine Crest

SANATORIUM

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write name and give township)

D. STREET ADDRESS (If rural, give location)

330 S Patterson Park Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)Yrs.  
Mos.  
Days

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Jelen Milosik 330 S Patterson Park Ave

18. 420.11 and 260x

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Acute coronary infarction

18 hrs

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Coronary Sclerosis

(C) Generalized Arteriosclerosis?

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

1 1/2 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

JANUARY, 1951  
21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from August 3, 1950, to July 14, 1952, that I last saw the deceased alive on July 12, 1952, and that death occurred at 6:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Melvin N. Borden

M. D.

5000 Old Frederick Road

7/14/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Buried  
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 15 1952

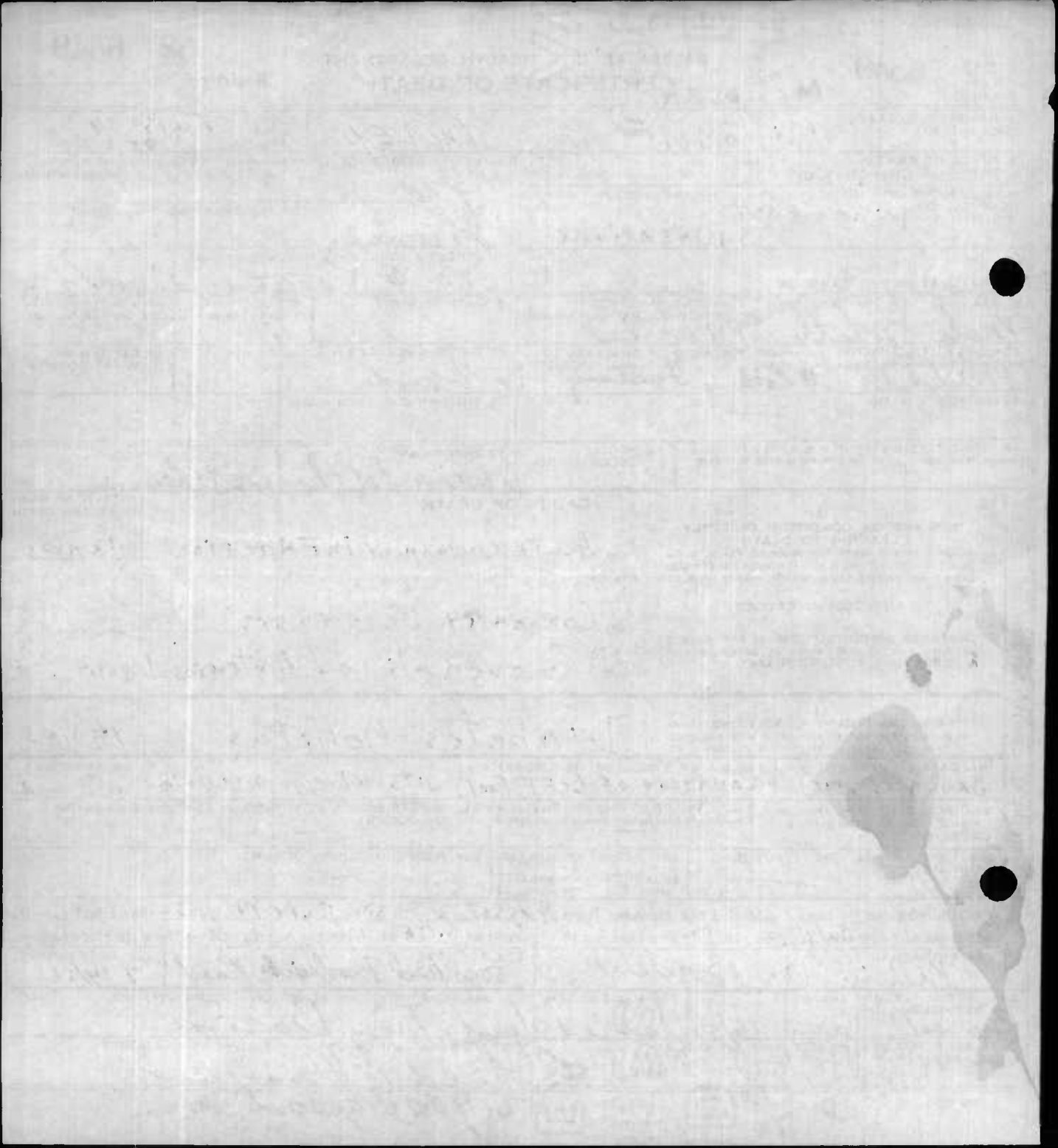
Huntington Williams, M.D.

Fred W. Ozaszewski

VS 150

590 4G 61930 Easton Ave.

MEDICAL CERTIFICATION





52 6550

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 6550

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John

Rozankowski

2. DATE  
OF  
DEATH

JUL 14 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Superintendent

10B. KIND OF BUSINESS OR  
INDUSTRY

CHEMICALS

13. FATHER'S NAME

Julius Rozankowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

5-7-96

9. AGE (In years  
last birthday)

56

If Under 1 Year  
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Bank

17. INFORMANT ADDRESS  
JOHNS HOPKINS HOSPITAL

18. 156.2 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cancer, metastatic to liver

6 mo.

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-11-1952 to 7-14-1952 that I last saw the  
deceased alive on 7-14-1952 and that death occurred at 1 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Parkeret Lawrence

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7/14/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 15 1952

Huntington Williams, M.D.

Fred W. Ozyorker

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

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650  
52 6551BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6551  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WILLIAM BROWN

2. DATE  
OF  
DEATH

July 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

South Baltimore General Hosp.

Yrs.

Mos.

Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1105 Slater Road

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

May 26, 1916

9. AGE (In years  
last birthday)

36

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR  
INDUSTRY

Industrial Building

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Hezkiah Brown

14. MOTHER'S MAIDEN NAME

Elnor Banks

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Marie E. Brown-1105 Slater Rd.

18. E975X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Drowning

DUE TO

## ANTECEDENT CAUSES

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

harbor

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

Hanover and Waterview Sts.

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

July 14, 1952 3:00 P. m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Jumped from bridge into water

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. E. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER...☒  
ASSISTANT MEDICAL EXAMINER...☐  
MEDICAL INVESTIGATOR...☐

23C. DATE SIGNED

July 15, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7-18-52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park

24D. LOCATION (City, town, or county)

Arbutus

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 15 1952

REGISTRAR'S SIGNATURE

Huntington Walligues, M.D.

25. FUNERAL DIRECTOR

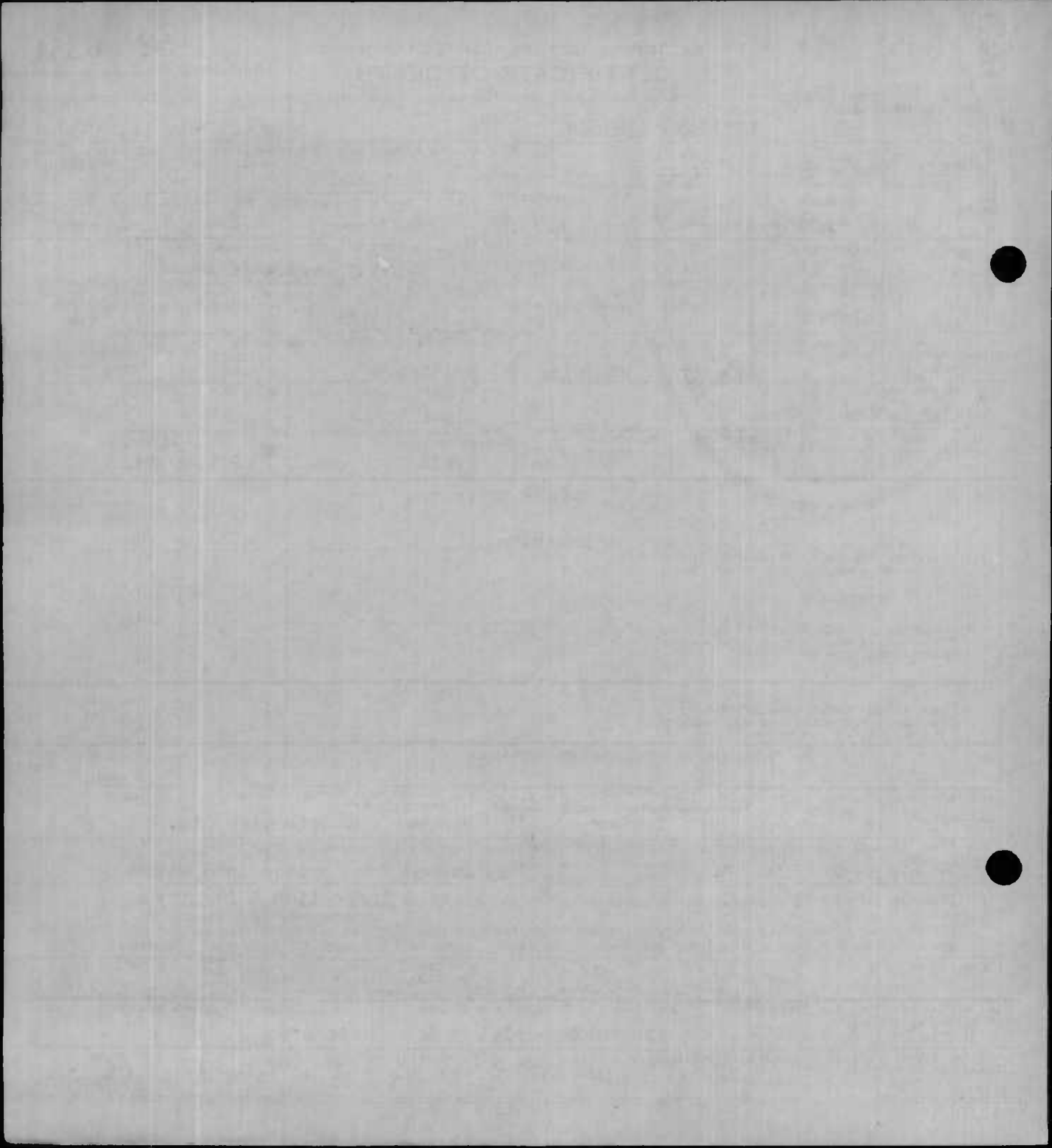
Elnor Wilson 1000 Beauty Lane

ADDRESS

VS 151

N990X

77074



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>William SPENCER WALKER</i>		2. DATE OF DEATH <i>7-13-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balti. City</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balti.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University of Md. Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>15-03</i>	
D. STREET ADDRESS (If rural, give location) <i>1704 N. Bentalan</i>			
5. SEX <i>M</i>		6. COLOR OR RACE <i>B</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>May 30, 1909</i>	
9. AGE (In years, last birthday) <i>43</i>		10. Under 1 Year: Months _____ Days _____ 11. Under 24 Hours: Hours _____ Min. _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Wre. Thawer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Belt-Steel</i>	
11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Spencer Walker</i>		14. MOTHER'S MAIDEN NAME <i>Olivia Walker</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes War #2</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>Olivia Walker</i>		ADDRESS _____	

18. <i>550.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>peritonitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
(A) DUE TO _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Ruptured appendix</i>		
(B) DUE TO _____		
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>7-13-52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Ruptured appendix + Peritonitis</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *7-12*, 19*52* to *7-13*, 19*52* that I last saw the deceased alive on *7-13*, 19*52*, and that death occurred at *5:45* p.m., from the causes and on the date stated above.

23A. SIGNATURE <i>Ben A. Adelman</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>7-13-52</i>	
---	--	--	--	------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7-17-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Nat</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
--	--	-----------------------------	--	--	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 15 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M. Kelly Wilson</i>		25. FUNERAL DIRECTOR <i>1000 Beauty Ave</i>	
--	--	--	--	--	--

426  
52 6552  
6690340549

MEDICAL CERTIFICATION

STATE OF NEW YORK  
IN SENATE  
JANUARY 1, 1901

REPORT  
OF THE  
COMMISSIONER  
OF THE  
LAND OFFICE  
IN RESPONSE  
TO A RESOLUTION  
PASSED BY THE SENATE  
JANUARY 1, 1901

ALBANY:

WATKINS & COMPANY

PRINTED BY  
WATKINS & COMPANY  
ALBANY, N. Y.



52 6553

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6553  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MRS. LULA SIEGMUND

2. DATE  
OF  
DEATH14<sup>th</sup> July '52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTIONMERCY HOSPITAL  
BALTIMORE

C. CITY OR TOWN

Baltimore 27-10

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

521 SHERIDAN AVE. #12.

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

4/11/84

9. AGE (In years)

(last birthday)

68

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM SCHNIBBE

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

HOSPT. REC.

18. 153X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MYOCARDITIS

DUE TO

TWO WEEKS

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Ca. of Colon.

DUE TO

?

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4<sup>th</sup> July 52

19B. MAJOR FINDINGS OF OPERATION

Ca. of Sigmoid COLON

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from 28<sup>th</sup> June, 1952, to 14<sup>th</sup> July, 1952, that I last saw the deceased alive on 13<sup>th</sup> July, 1952, and that death occurred at 6:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. R. Quinn

M. D.

23B. ADDRESS

MERCY HOSPITAL

23C. DATE SIGNED

14<sup>th</sup> July '52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

7-15-1952

24C. NAME OF CEMETERY OR CREMATORY

LOUON PARK

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

JUL 15 1952

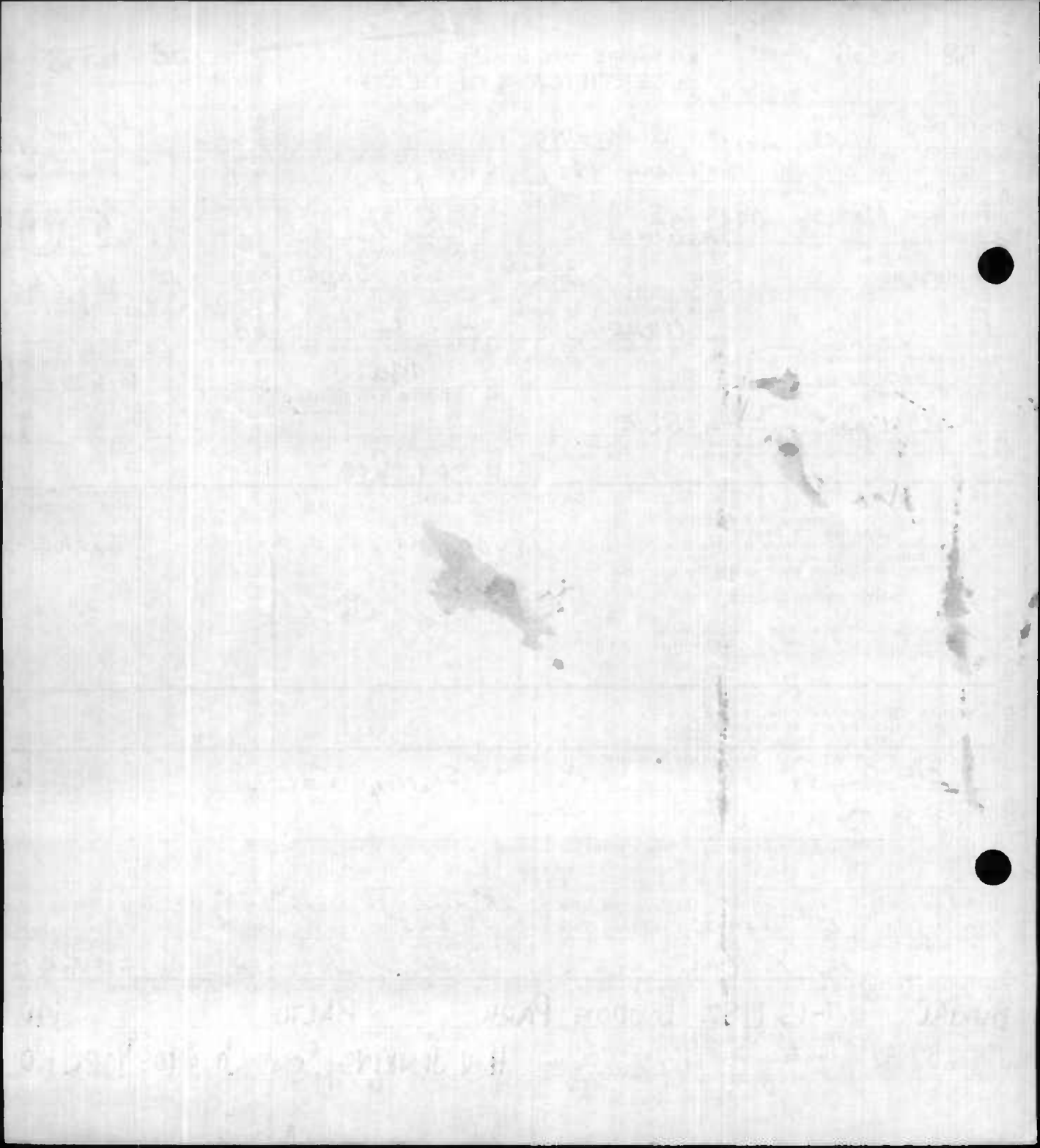
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

H.W. JENKINS &amp; SONS CO. 4905 YORK RD.

ADDRESS



D-612  
52 6554BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6554  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Orebaugh, Harry Cleveland

2. DATE

OF

DEATH July 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

U.S.P.H.S. Hospital

c. Length of stay in Baltimore

14 days

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

6-2-87

9. AGE (In years  
last birthday)

65

10. Under 1 Year  
Months: Days11. Under 24 hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

General Agent

10B. KIND OF BUSINESS OR  
INDUSTRY

Railway Express Agency

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?  
USA

13. FATHER'S NAME

John W. Orebaugh

14. MOTHER'S MAIDEN NAME

Martha Alice Stover

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

7-03-01-777/Wife

17. INFORMANT

Wife

ADDRESS

As above

18. 191X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(A) Fibrosarcoma of left buttock  
DUE TO with extensive metastasis to  
heart, lungs and mediastinum  
(B)  
DUE TO  
(C)

6 wks

11  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
m. WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to July 14, 1952 that I last saw the  
deceased alive on July 14, 1952, and that death occurred at 8:50pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 15 1952

Huntington Walliams, M.D. John Burns Son 610 York Rd  
2906 St D

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

TO THE DIRECTOR, BUREAU OF PLANT INDUSTRY, WASHINGTON, D. C.

FROM THE CHIEF, BUREAU OF PLANT INDUSTRY, WASHINGTON, D. C.

SUBJECT: [Illegible]

DATE: [Illegible]

RE: [Illegible]

REFERENCE: [Illegible]

NOTE: [Illegible]

APPROVED: [Illegible]

SPECIAL AGENT IN CHARGE

BY: [Illegible]

DATE: [Illegible]

PLACE: [Illegible]

RECEIVED: [Illegible]

FILED: [Illegible]

DATE: [Illegible]

BY: [Illegible]

100

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Mary Grace Paine</b>		2. DATE OF DEATH <b>July 13, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>3002 Baker St.,</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>16-07</b>	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>3002 Baker St.,</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 12, 1867</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>--</b>	9. AGE (in years last birthday) <b>84</b>
13. FATHER'S NAME <b>Robert Horner</b>		11. BIRTHPLACE (State or foreign country) <b>Md.</b>	
14. MOTHER'S MAIDEN NAME <b>Annastacia O'Loughlin</b>		12. CITIZEN OF WHAT COUNTRY? _____	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>	17. INFORMANT ADDRESS <b>Harry G. Paine 3002 Baker St.,</b>	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <b>Coronary Occlusion</b> DUE TO (B) <b>General Sclerosis</b> DUE TO (C) <b>Sclerosis</b>	INTERVAL BETWEEN ONSET AND DEATH   ✓   ✓
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>none</b>		19B. MAJOR FINDINGS OF OPERATION ✓		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ✓	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) ✓			
21D. TIME (Month) (Day) (Year) (Hour) INJURY ✓	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? ✓			
22. I hereby certify that I attended the deceased from <b>Nov 13, 1922</b> to <b>July 13, 1952</b> , that I last saw the deceased alive on <b>July 12, 1952</b> , and that death occurred at <b>4:30 P.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>John H. Paine</b>		23B. ADDRESS <b>1219 Poplar St. Md.</b>		23C. DATE SIGNED <b>7/14/52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7- -1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 15 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR ADDRESS <b>Howard Strong, 3207 W. North Ave.,</b>	

Dr. John H. TRABAND

1219 Poplar Grove St

9. 10



F-520  
52 6556

52 6556

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Harry Fink

2. DATE  
OF  
DEATH

July 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Union Memorial

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Union Memorial

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 16 15-38

D. STREET ADDRESS (If rural, give location)

2403 No. Hilton Street

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 7, 1893

9. AGE (in years;  
last birthday)

59-59

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Shopkeeper

10B. KIND OF BUSINESS OR  
INDUSTRY

Shopkeeper

11. BIRTHPLACE (State or foreign country)

New York, N. Y.

12. CITIZEN OF  
WHAT COUNTRY?

American

13. FATHER'S NAME

Hyman Fink

14. MOTHER'S MAIDEN NAME

Jennie Hanheim

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 561.3

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) Gangrenous ileum &  
cecum

DUE TO

?

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Pleurisy, bilateral

19A. DATE OF OPERATION

July 8, 1952

19B. MAJOR FINDINGS OF OPERATION

massive adhesions, incisional hernia

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1952, to July 14, 1952, that I last saw the  
deceased alive on July 14, 1952, and that death occurred at 5:15 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Harold S. Green, Jr.

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

7-14-52

24A. BURIAL, CREM-  
ATION, REMOVAL (Specify)

Burial

24B. DATE

July 18, 1952

24C. NAME OF CEMETERY OR CREMATORY

Balt. National

24D. LOCATION (City, town, or county) (State)

Balt.

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JUL 15 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

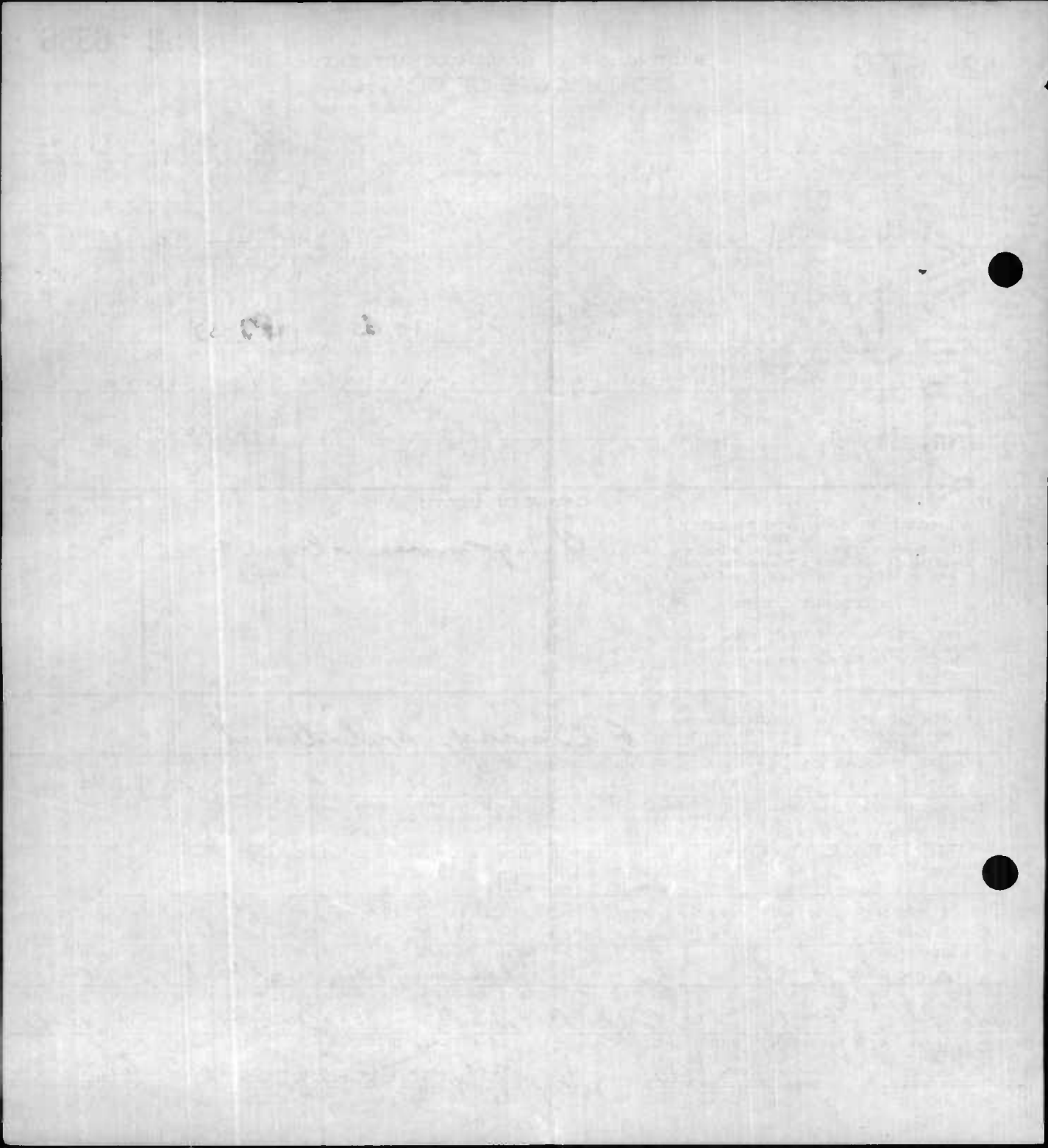
J. L. Lewis, Inc. - 2100 E. Baltimore Ave.

VS 150

29064

Please print the causes of death clearly and legibly.

MEDICAL CERTIFICATION



# CERTIFICATE CORRECTED

7-22-52

52 6557

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6557

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John Pargo

2. DATE  
OF  
DEATH

7/12/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2402 W. Lafayette Ave.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2402 W. Lafayette Ave.

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

JUNE 12, 1891

9. AGE (In years last birthday)

61

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FIREMAN

10B. KIND OF BUSINESS OR INDUSTRY

B.T.O.R.R.

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Pargo Sr.

14. MOTHER'S MAIDEN NAME

Susie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Eleanor White 2402 Laf. Ave.

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARDIO VASCULAR RENAL DISEASE

1 YR?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) BROKEN COMPENSATION

6 Mo.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APR 21, 1952 to JULY 12, 1952, that I last saw the deceased alive on JULY 1, 1952, and that death occurred at 5:15 PM, from the causes and on the date stated above.

23A. SIGNATURE

William Fray M.D.

23B. ADDRESS

1928 Penna. Ave.

23C. DATE SIGNED

7/15/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/16/1952

24C. NAME OF CEMETERY OR CREMATORY

Arboretum Cemetery

24D. LOCATION (City, town, or county) (State)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

JUL 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Sate R. Williams, Schuylkill

ADDRESS

322 R



52 6558

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6558

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Zelma Seth

2. DATE  
OF  
DEATH

July 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1128 Penna. Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1128 Penna. Ave.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb. 16, 1902

9. AGE (In years;  
last birthday)

50

If Under 1 Year  
Months; DaysIf Under 24 Hours  
Hours; Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Carthorne

14. MOTHER'S MAIDEN NAME

Elizabeth Croxton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

William Ford 1128 Pa. Ave

ADDRESS

18. 432X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pericarditis acute

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

no operation

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)1D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1952, to July 9, 1952, that I last saw the deceased alive on July 8, 1952, and that death occurred at 8 P. M., from the causes and on the date stated above.

23A. SIGNATURE

H. H. Stewart

23B. ADDRESS

632 W. Franklin St.

23C. DATE SIGNED

July 11, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/15/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cem.

24D. LOCATION (City, town, &amp; county) (State)

Lansdowne Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

321 N. Schroeder St.

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1. Name of deceased: \_\_\_\_\_

2. Sex: \_\_\_\_\_

3. Age: \_\_\_\_\_

4. Date of birth: \_\_\_\_\_

5. Place of birth: \_\_\_\_\_

6. Date of death: \_\_\_\_\_

7. Time of death: \_\_\_\_\_

8. Cause of death: \_\_\_\_\_

9. Place of death: \_\_\_\_\_

10. Signature of attending physician: \_\_\_\_\_

11. Signature of registrar: \_\_\_\_\_

12. Signature of informant: \_\_\_\_\_

13. Name of informant: \_\_\_\_\_

14. Address of informant: \_\_\_\_\_

15. Date of completion: \_\_\_\_\_



152  
52 6559BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6559

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Fannie Robinson

2. DATE  
OF  
DEATH

7/13/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

945 W. Fayette St.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

945 W. Fayette St.

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 12, 1883

9. AGE (In years  
last birthday)

69

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Culpepper Va.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Beverly Fitchugh

14. MOTHER'S MAIDEN NAME

Rose ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Howard Robinson

ADDRESS

1010 Bennett Pl.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

2 weeks

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to July 13, 1952, that I last saw the  
deceased alive on July 12, 1952, and that death occurred at 3 A. M., from the causes and on the date stated above.

23A. SIGNATURE

W. H. Watts

23B. ADDRESS

5154 Ambler

23C. DATE SIGNED

7/15/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

7/16/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. H. Williams

25. FUNERAL DIRECTOR

Mr. R. Williams

ADDRESS

322 N. School St.

10-10-10

RECEIVED BY THE BUREAU OF THE  
CENTRAL INTELLIGENCE AGENCY

TO : DIRECTOR, CENTRAL INTELLIGENCE AGENCY  
FROM : [illegible]  
SUBJECT: [illegible]  
[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or report. Two punch holes are visible on the right side of the page.]

52 6560

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6560

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Alverta Galloway

2. DATE  
OF  
DEATH

7/14/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1212 Penna Ave.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Frank Hicks

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

March 29, 1880

9. AGE (In years last birthday)

72

11. BIRTHPLACE (State or foreign country)

Easton Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Elizabeth P

17. INFORMANT

Mary Williams 2109 Ething St.

ADDRESS

18. 442X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Renal Disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized arteriosclerosis

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1952 to July 14, 1952, that I last saw the deceased alive on July 10, 1952, and that death occurred at 6 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

# CERTIFICATE OF DEATH

MASSACHUSETTS CITY HEALTH DEPARTMENT

DATE OF DEATH

1900

NAME OF DECEASED

AGE

SEX

CAUSE OF DEATH

PLACE OF DEATH

DATE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF PHYSICIAN

NAME OF NURSE

NAME OF BIRTH

NAME OF MOTHER

NAME OF FATHER

NAME OF SISTER

NAME OF BROTHER

NAME OF UNCLE

NAME OF AUNT

NAME OF COUSIN

NAME OF NEPHEW

NAME OF Nephew

NAME OF Niece

NAME OF Grandfather

NAME OF Grandmother

NAME OF Grandfather

NAME OF Grandmother

NAME OF Grandfather

NAME OF Grandmother

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NAME OF Grandfather

153  
320  
52 6561  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6561  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Joseph Frank Lavender *-Lewatowski</b>			2. DATE OF DEATH <b>July 14, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>2210 Essex Street</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>At Home</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 24 1-04</b>		
D. STREET ADDRESS (If rural, give location) <b>2210 Essex Street</b>			5. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Separated</b>	8. DATE OF BIRTH <b>November 19, 1896</b>	9. AGE (In years last birthday) <b>55</b>	10. UNDER 1 Year Months: _____ Days: _____ 11. UNDER 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fireman</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Arundel Corp</b>		
13. FATHER'S NAME <b>Anthony Lewatowski</b>			14. MOTHER'S MAIDEN NAME <b>Helen Augustyniak</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>WWI U.S. Coast Guard</b>			16. SOCIAL SECURITY NO. <b>218-05-3780</b>		
17. INFORMANT <b>Lillian Schubert</b>			ADDRESS <b>3126 O'Donnell Street</b>		

18. <b>002X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 d</b>
	(A) <b>Pulmonary tuberculosis with pneumonia</b>	DUE TO	
	(B) <b>Heart dilatation</b>	DUE TO	
(C) _____		DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7/14/52**, 19**52**, to **7/15/52**, 19**52**, that I last saw the deceased alive on **7/14/52**, 19**52**, and that death occurred at **5:27** m., from the causes and on the date stated above.

23A. SIGNATURE <b>Geo. D. Williams</b>	23B. ADDRESS <b>426 S. Baltimore St. - 31</b>	23C. DATE SIGNED <b>7/15/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 17, 1952</b>	24C. NAME OF CEMETERY OR CREMATORIA <b>St. Stanislaus</b>
24D. LOCATION (City, town, or county) (State) <b>1300 Dundalk Ave Balto, Md.</b>		

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 15 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>George A. Weber</b>	ADDRESS <b>705 S. Avenue</b>
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68024

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12A 32



220  
CERTIFICATE CORRECTED 7-18-52

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

52 6562

52 6562

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Arlene Hughes

2. DATE  
OF  
DEATH

7/14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Univ. Hosp.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Queen Anne's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Pseasonville

D. STREET ADDRESS (If rural, give location)

6700

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Jan. 21, 1913

9. AGE (In years  
last birthday)

39

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Edward Feuz

14. MOTHER'S MAIDEN NAME

EMMA GRITZ BACH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 277X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cushing's Syndrome

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

PITUITARY BASOPHILOMA

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

7/14/52

19B. MAJOR FINDINGS OF OPERATION

ABDOMINAL LAPAROTOMY

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/3, 1952, to 7/14, 1952 that I last saw the  
deceased alive on 7/13, 1952 and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Michael J. Foley

M. D.

23B. ADDRESS

Carm. Hosp.

23C. DATE SIGNED

7/15/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

7/18/52

24C. NAME OF CEMETERY OR CREMATORY

National Falls Cemetery

24D. LOCATION (City, town, or county/ (State)

Falls Church

Va

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Edgar B. Lane Church Hall,

JUL 15 1952

VS 150

2nd



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

JOSEPH JOHN CASEY

2. DATE  
OF  
DEATH

July 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Wyman Pk. Drive & 31st Street

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE New York

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Brooklyn

D. STREET ADDRESS (If rural, give location)

4 Kiely Place

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1/27/01

9. AGE (In years last birthday)

51

If Under 1 Year Months: Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Captain

10B. KIND OF BUSINESS OR INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Casey

14. MOTHER'S MAIDEN NAME

Catherine Holahan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL SECURITY NO.

554-26-4097

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 161X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Epiglottis with extension to tongue, false cords and left pyriform sinus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Broncho pneumonia

1 yr.

unknown.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK HOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1952, to July 12, 1952, that I last saw the deceased alive on July 12, 1952, and that death occurred at 9:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

7/14/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

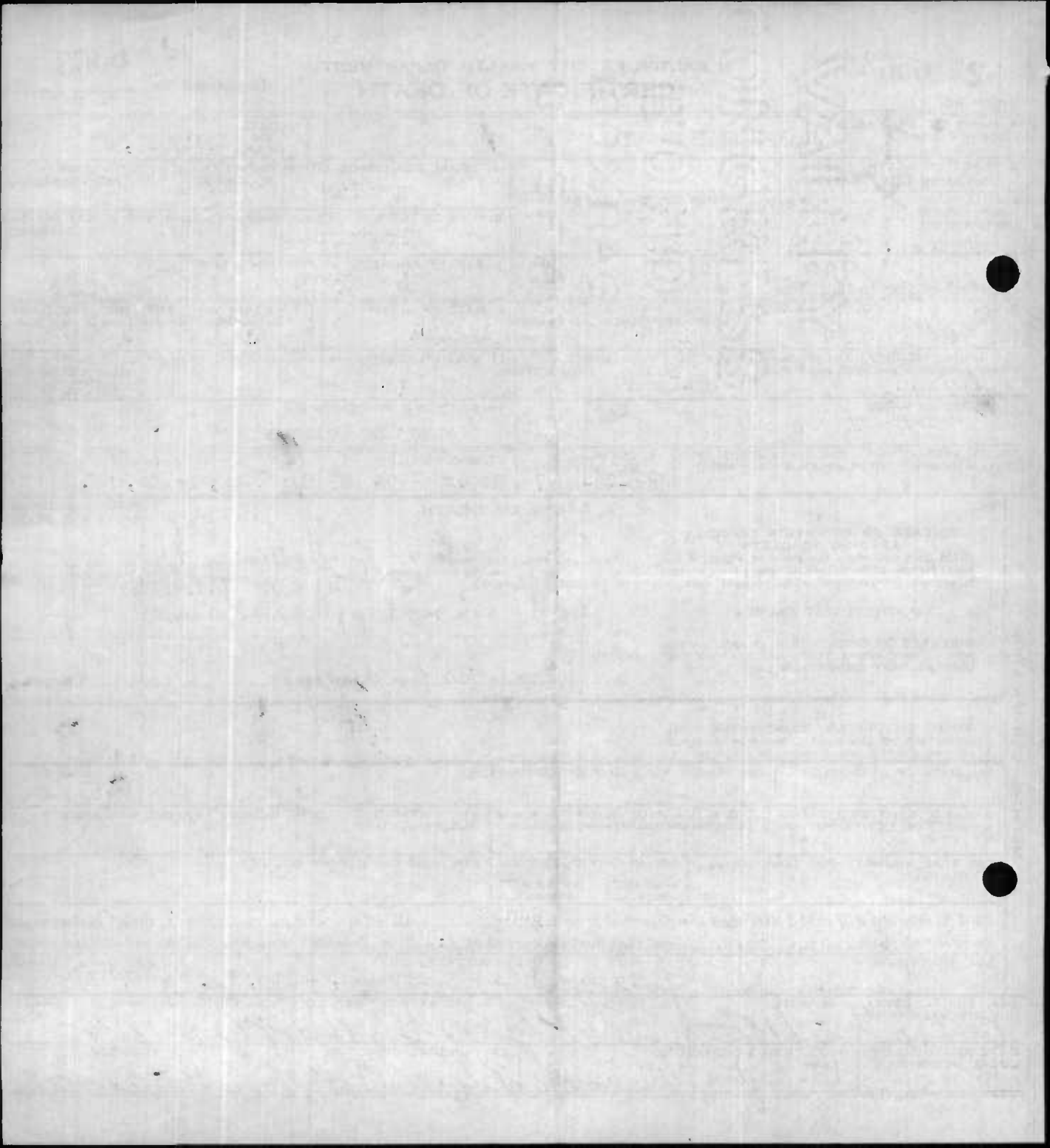
JUL 15 1952

VS 150

Huntington Williams, M.D. 1639 Broadway

240-55

MEDICAL CERTIFICATION



52 6564

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 6564

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

9. AGE (In years,  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

18. 756.2

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO Broncho. pneumonia  
Cong. tracheo-oesophageal  
fistula

4 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Congenital imperforate anus, and  
con. secto. urethral fistula

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 7-11-1952 to 7-14-1952, that I last saw the  
deceased alive on 7-14-1952, and that death occurred at 1:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 15 1952

Huntington Williams

Herbert M. St. Clair, Jr. Cambridge Md

JUL 15 1952

VS 150

Md

1000

1000

RECEIVED FOR THE DIRECTOR  
GENERAL INVESTIGATIVE DIVISION

1000

RECEIVED FOR THE DIRECTOR  
GENERAL INVESTIGATIVE DIVISION

RECEIVED FOR THE DIRECTOR  
GENERAL INVESTIGATIVE DIVISION

1000



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

52 6565  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>FROSSO ZISIMPOULOS also known as ROSE ZEISSIS</b>		2. DATE OF DEATH <b>July 14, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Anne Arundel</b>	
B. FULL NAME OF HOSPITAL OR US PUBLIC HEALTH SERVICE INSTITUTION <b>Wyman Pk. Drive &amp; 51st Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Riveria Beach</b>	
Length of stay in Baltimore <b>?</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>Carvel Road 5200</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Wid.</b>	8. DATE OF BIRTH <b>?</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		9. AGE (in years last birthday) <b>68</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Greece</b>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <b>Peter Demetropoulos</b>	
14. MOTHER'S MAIDEN NAME <b>?</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>?</b>	
16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT ADDRESS <b>Records- US PHS Hospital, Balto, Md.</b>	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <b>Myocardial infarction</b> DUE TO (B) <b>Coronary occlusion, arteriosclerotic</b> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH  <b>Approx. 5 days</b>  <b>Approx. 1 yr.</b>
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 11, 1952 to July 14, 1952 that I last saw the deceased alive on July 14, 1952, and that death occurred at 11:45 A., from the causes and on the date stated above.

23A. SIGNATURE <b>J.A. Hunter, Clinical Director</b>	23B. ADDRESS <b>US PHS Hospital, Balto, Md.</b>	23C. DATE SIGNED <b>7/15/52</b>
---	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7-17-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Olivet</b>	24D. LOCATION (City, town, or county) (State) <b>Queens, L.I. New York</b>
--	-----------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 16 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, Md.</b>	25. FUNERAL DIRECTOR ADDRESS <b>Howard H. Hubbard, 2503 Edmondson Ave</b>
--	--	--



62

52 6566

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6566

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EMMA C. H. RIVERS

2. DATE  
OF  
DEATH

July 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Long Green Nursing Home

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3040 Guilford Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 5, 1871

9. AGE (In years  
last birthday)

81

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR  
INDUSTRY

News

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Bentz

14. MOTHER'S MAIDEN NAME

--

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.  
220-05-3042A

17. INFORMANT

Mr. J. Theodore Johnson-1st National Bnk

Lgt. &amp; Addressed Sts.

18. 42010

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Myocardial failure  
DUE TO

3 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Atrial fibrillation  
DUE TO

6 mos

(C) Hypertensive arteriosclerotic  
heart diseaseII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Apr. 1952 to 13 July, 1952, that I last saw the  
deceased alive on 12 July, 1952, and that death occurred at 3:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/16/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 16 1952

Huntington Williams, M.D.

Jm. J. Tickner &amp; Sons

VS 150

Baltimore, Md.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

STATE OF NEW YORK

WILLIAM  
C. BROWN  
JANUARY 1900

WILLIAM  
C. BROWN

WILLIAM  
C. BROWN

WILLIAM  
C. BROWN

WILLIAM  
C. BROWN

WILLIAM  
C. BROWN

WILLIAM  
C. BROWN

WILLIAM  
C. BROWN

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WILLIAM  
C. BROWN

WILLIAM  
C. BROWN

WILLIAM  
C. BROWN

52 6567

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6567

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

BESSIE AUGUSTA BRASHEARS

2. DATE  
OF  
DEATH

JULY 14 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 15-12

D. STREET ADDRESS (If rural, give location)

3904 Cottage Ave.

Length of stay in Baltimore

71

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MARCH 31, 1881

9. AGE (In years  
last birthday)

71

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John W. PARSLEY

14. MOTHER'S MAIDEN NAME

REBECCA GINGELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

-

17. INFORMANT

ADDRESS

HUSBAND 3904 COTTAGE AVE. BALTO.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) cerebral vascular hemorrhage 1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) hypertension

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from July 14, 1952 to July 14, 1952 that I last saw the  
deceased alive on July 14, 1952 and that death occurred at 3:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

7/18/52

Ivy Hill Cem.

Laurel, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

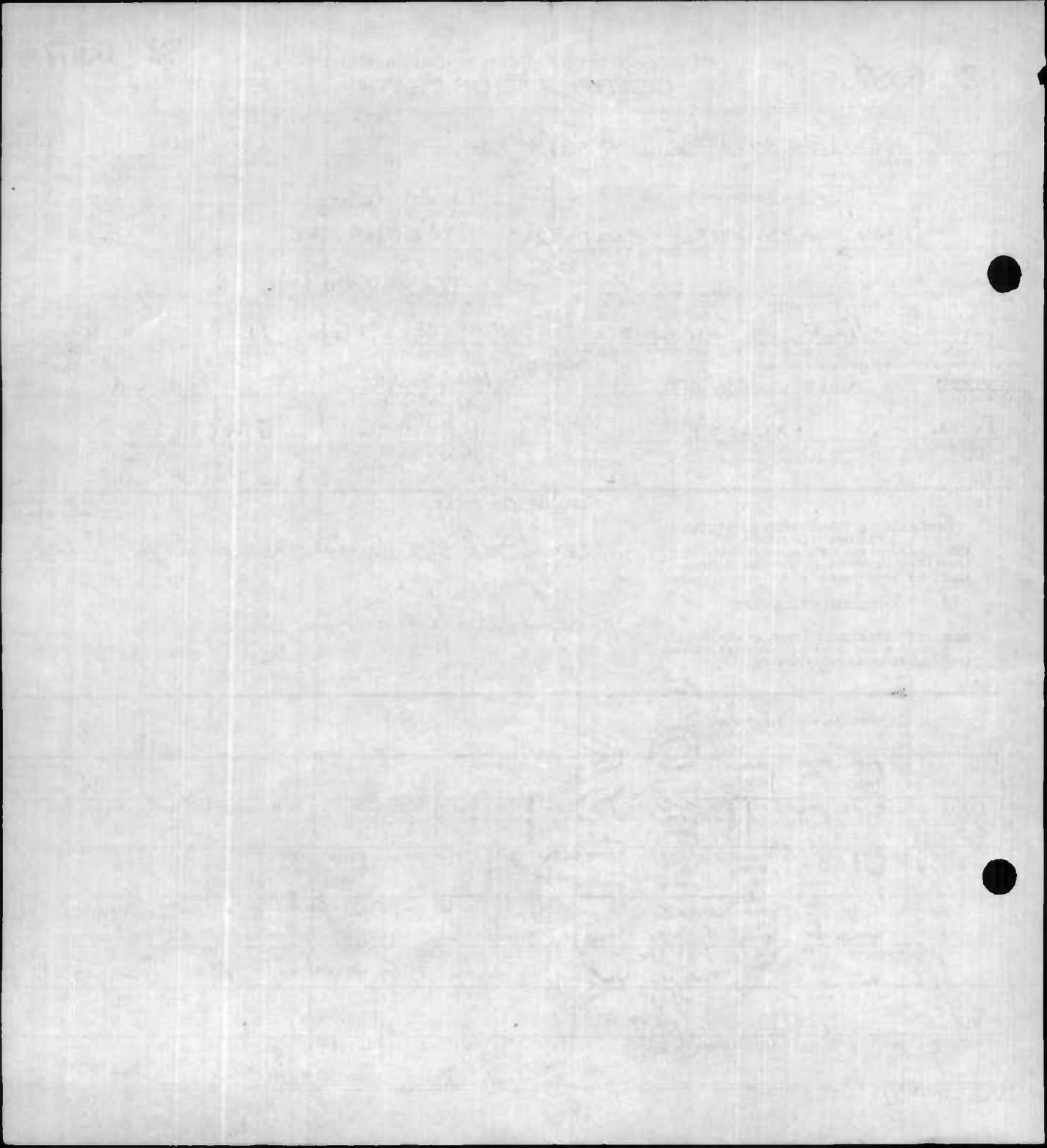
ADDRESS

JUL 16 1952

Huntington Williams, M.D.

Sam J. Fickner &amp; Sons

Balto., Md.





164  
52 6568BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 6568

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ADA M. DEVERELL

2. DATE  
OF DEATH July 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

University Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Towson

D. STREET ADDRESS (If rural, give location)

626 Charles St. Ave.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 8, 1873

9. AGE (In years last birthday)

79

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Illinois

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Herman Miller

14. MOTHER'S MAIDEN NAME

Katherine Steine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT ADDRESS TOWSON  
Mr. Frank A. Deverell-626 Charles St. Ave.18. 420.1 and E903.0  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) Coronary Thrombosis  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSATION LAST.

(B) Arteriosclerosis (concretions)  
DUE TO  
(C)

CERTIFICATION APPROVED BY

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.Fracture left hip  
St. Decker M.D.  
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/11, 1952, to 7/14, 1952; that I last saw the deceased alive on 7/14, 1952, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

7/17/52

Lorraine Maus

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 16 1952

Huntington Williams, M.D.

J. M. J. Vickner &amp; Sons - Balt

17, Md

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6569**

BIRTH NO. **52 6569**

1. NAME OF DECEASED (Type or Print) <b>CARL METZGER</b>		2. DATE OF DEATH <b>July 15, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>2042 Eutaw Place</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 14-03</b>	
D. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2042 Eutaw Place</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>March 29, 1873</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Machinists</b>	9. AGE (in years last birthday) <b>79</b>
13. FATHER'S NAME <b>-- Metzger</b>		11. BIRTHPLACE (State or foreign country) <b>Hungary</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
17. INFORMANT		ADDRESS <b>Mrs. Anna Metzger - 2042 Eutaw Place</b>	

18. **422.1**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**  
**due to**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED  
**July 15, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR  
**July 16 1952**

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

and V. ...

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6570**

**52 6570**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Aaron Vinson*

2. DATE  
OF  
DEATH

*July 14, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*Osle 2*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

*Md.*

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

*JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore 12-04*

D. STREET ADDRESS (If rural, give location)

*2202 Guilford Ave.*

Length of stay in Baltimore

*15 yrs.*

5. SEX

*Male*

6. COLOR OR RACE

*Colored*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*Separated*

8. DATE OF BIRTH

*Nov. 4, 1913*

9. AGE (In years last birthday)

*38 yrs.*

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Labrator*

10B. KIND OF BUSINESS OR INDUSTRY

*On General*

11. BIRTHPLACE (State or foreign country)

*N. C.*

12. CITIZEN OF WHAT COUNTRY?

*U. S. A.*

13. FATHER'S NAME

*George Vinson*

14. MOTHER'S MAIDEN NAME

*Idella Vinson*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

*no*

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
*JOHNS HOPKINS HOSPITAL*

18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *renal insufficiency*

*2 wks*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *hypertensive cardiovascular disease*

*9 wks*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*bleeding gastric ulcers*

*9 wks*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *7-5*, 19*52* to *7-14*, 19*52* that I last saw the deceased alive on *7-14*, 19*52*, and that death occurred at *6:10 P. M.*, from the causes and on the date stated above.

23A. SIGNATURE

*Richard Johnson*

23B. ADDRESS

*JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED

*7/15/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*7/19/52*

24C. NAME OF CEMETERY OR CREMATORY

*Selma*

24D. LOCATION (City, town, or county) (State)

*Selma N. C.*

DATE RECEIVED BY LOCAL REGISTRAR

*JUL 16 1952*

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*Choy Wilson 1000 Bion...*

ADDRESS

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CHARTERED BY THE BOARD OF DIRECTORS

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52 6571

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6571

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHARLES A. VOLK

2. DATE  
OF  
DEATH

7/15/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1000 N GAY ST

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

O. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

DEC 10 - 1895

9. AGE (in years  
last birthday)

56

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MINNA VOLK IN GAY ST

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from July 6, 1952, to July 15, 1952, that I last saw the deceased alive on July 14, 1952, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

HOLEY REDEMER

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

6411 ADDRESS

JUL 16 1952

Huntington Williams, MD

CHAS E. TOWELL WINDMILL RD

MEDICAL CERTIFICATION

RECEIVED  
OFFICE OF THE  
SHERIFF

1/16/52

and a copy of

CHARLES A. L...

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Catherine Deckert

2. DATE  
OF  
DEATH

July 13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

407 S. Augusta Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

407 S. Augusta Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
Widow

8. DATE OF BIRTH

Aug. 8, 1872

9. AGE (In years last birthday)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
H.W.10B. KIND OF BUSINESS OR INDUSTRY  
Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Christian Schwaab

14. MOTHER'S MAIDEN NAME

Louise Wentz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Mrs. Muriel Harrison, 407 S. Augusta Ave

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHI  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Carcinomatous*  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) *Carcinoma of Colon*  
DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.*Similarity.*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan*, 1951, to *July*, 1952, that I last saw the deceased alive on *July 12, 1952*, and that death occurred at *11 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Burial

24B. DATE

July 16/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon, Pk.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 16 1952

Huntington Williams, M.D. Harry H. Witzke 4101 Edmondson Ave

RECEIVED BY MAIL IN FORWARDING  
UNITED STATES DEPARTMENT OF AGRICULTURE  
WASHINGTON, D. C.

TO THE DIRECTOR, BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

FROM THE DIRECTOR, BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

TO THE DIRECTOR, BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

FROM THE DIRECTOR, BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

TO THE DIRECTOR, BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

FROM THE DIRECTOR, BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

TO THE DIRECTOR, BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

FROM THE DIRECTOR, BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

TO THE DIRECTOR, BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

FROM THE DIRECTOR, BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

TO THE DIRECTOR, BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

FROM THE DIRECTOR, BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

TO THE DIRECTOR, BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

FROM THE DIRECTOR, BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

TO THE DIRECTOR, BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

FROM THE DIRECTOR, BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

TO THE DIRECTOR, BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

FROM THE DIRECTOR, BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6573

Registered No. \_\_\_\_\_

BIRTH NO. 52 6573

1. NAME OF DECEASED (Type or Print) <b>Dr. Chester J. Lubinski</b>		2. DATE OF DEATH <b>July 14/52</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>4602 Cedar Garden Rd.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 25-31</b>	
D. STREET ADDRESS (If rural, give location) <b>4602 Cedar Garden Rd.</b>		E. LENGTH OF STAY IN BALTIMORE <b>Life</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 26, 1911</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Physician</b>		10B. KIND OF BUSINESS OR INDUSTRY _____	
13. FATHER'S NAME <b>Stanislaus Lubinski</b>		14. MOTHER'S MAIDEN NAME <b>Sophia Leher</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <b>Ruby J. Lubinski, 4602 Cedar Garden Rd</b>		ADDRESS _____	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cornary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1/2 hr.</b>
(A) DUE TO _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Heart Prost.</b>		
(B) DUE TO _____		<b>1 hr.</b>
(C) _____		

**II**  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **July 14, 1952** to **July 14, 1952** that I last saw the deceased alive on **July 14, 1952**, and that death occurred at **11:30 A.M.** from the causes and on the date stated above.

23A. SIGNATURE <b>Charles J. [Signature]</b>		23B. ADDRESS <b>1933 W. [Address]</b>		23C. DATE SIGNED <b>7/15/52</b>	
---	--	--	--	------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 17/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Most Holy Redeemer</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
--	--	--------------------------------	--	---	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 16 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, MD</b>		25. FUNERAL DIRECTOR <b>Harry H. [Signature]</b>		ADDRESS <b>4101 Edmondson Ave</b>	
--	--	---	--	---	--	--------------------------------------	--

(over)

0758S

MEDICAL CERTIFICATION

- To be approved by D. Fisher - Medicine  
Examiner. Dated Dec. 7/15/02



620  
52 6574

VMC-160276

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>John H. Myers</b>		2. DATE OF DEATH <b>7-14-52</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>23-02</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
length of stay in Baltimore <b>life</b> Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>909 S. Charles St.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Dec. 21, 1882</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Printer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Self.</b>	9. AGE (In years last birthday) <b>69</b>
13. FATHER'S NAME <b>George A. Myers (D)</b>		14. MOTHER'S MAIDEN NAME <b>Annie Personette (D)</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <b>Records: B. C. H. 4940 Eastern Ave.</b>		ADDRESS _____	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Intramural thrombi of all the Chambers of the heart</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 wks.</b>
DUE TO ANTECEDENT CAUSES <b>Infarction of the left lower lobe</b>		<b>2 or 3 Wks.</b>
DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Old Myocardial infarcts</b>		<b>3 wks.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

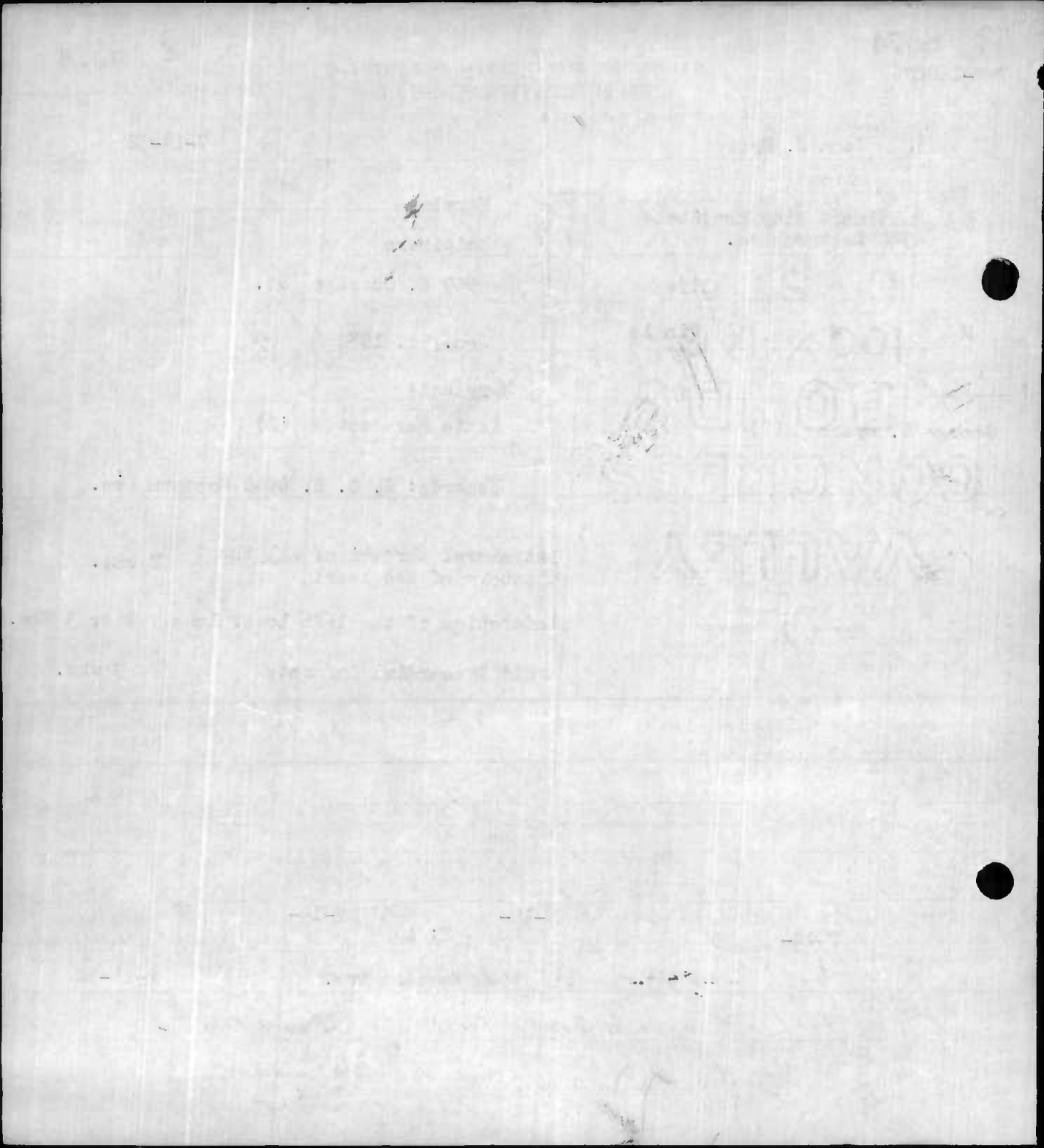
19A. DATE OF OPERATION <b>7</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **6-19**, 19**52**, to **7-14**, 19**52**, that I last saw the deceased alive on **7-14**, 19**52**, and that death occurred at **2: A** m., from the causes and on the date stated above.

23A. SIGNATURE <b>C. W. Rogers</b>	M. O. <b>4940 Eastern Ave.</b>	23C. DATE SIGNED <b>7-14-52</b>
------------------------------------	--------------------------------	---------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>	24B. DATE <b>7-17-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Cedar Hill</b>	24D. LOCATION (City, town, or county) (State) <b>Ba 110.</b>
--	--------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR <b>SOL 16 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>L. 246 E. 130 E. Ford Ave.</b>	ADDRESS _____
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RECEIVED 51-23119  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6575

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Verna Engle Rea

2. DATE  
OF  
DEATH

7-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Balto. City

C. CITY OR TOWN

Baltimore 11, Md.

(If outside corporate limits, write RURAL and give township)

13-06

D. STREET ADDRESS (If rural, give location)

3360 Chesnut Ave.

8. DATE OF BIRTH

10-5-51

9. AGE (in years last birthday)

3/4 yrs.

If Under 1 Year

Months: Days

If Under 24 Hours

Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Baby

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Eiton E. Rea

14. MOTHER'S MAIDEN NAME

Ruby Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Eiton Rea 3360 Chesnut Ave.

ADDRESS

18. 752X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hydrocephalus, congenital

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) (C) Abnormality of 3rd Ventricle of brain

DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

7-14-52

19B. MAJOR FINDINGS OF OPERATION

Abnormality of 3rd Ventricle

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-9 1952 to 7-14 1952, that I last saw the deceased alive on 7-14 1952, and that death occurred at 6:50 Pm., from the causes and on the date stated above.

23A. SIGNATURE

E. J. Rea

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

7-14-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/17/52

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

Glen Burnie

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUL 16 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Paul C. Schenck, 3515-17 6th Ave. S.W.

ADDRESS

Medical Examiner Notified @ Dr. 7772

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6576**

BIRTH NO. **52 6576**

1. NAME OF DECEASED (Type or Print) <b>Morris WILLIAM A FELDMAYER</b>		2. DATE OF DEATH <b>July 15, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Anne Arundel</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>South Baltimore General</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Annapolis</b>	
D. STREET ADDRESS (If rural, give location) <b>146 Monticello St. 6210</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>Feb 21, 1886</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FOREMAN</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Blk &amp; Ground</b>	9. AGE (In years last birthday) <b>66</b>
13. FATHER'S NAME <b>William C. Feldmeyer</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>—</b>	
17. INFORMANT <b>Orpha S Feldmeyer (Wife)</b>		ADDRESS	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Artery Sclerosis</b>	CAUSE OF DEATH <b>Coronary Artery Sclerosis</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____	

19A. DATE OF OPERATION <b>6</b>	19B. MAJOR FINDINGS OF OPERATION <b>Inspection &amp; inquiry</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>Stanley H. Duncanson M.D.</b>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>		23C. DATE SIGNED <b>July 16, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>July 16, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>St Anne's cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Annapolis, Md</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 16 1952</b>		25. FUNERAL DIRECTOR <b>John M Taylor &amp; Sons</b>			

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Occupation		8. Cause of Death		9. Manner of Death		10. Signature of Registrar	
11. Signature of Medical Officer		12. Signature of Coroner		13. Signature of Police Officer		14. Signature of Burial Officer		15. Signature of Witnesses	
16. Signature of Family		17. Signature of Friends		18. Signature of Neighbors		19. Signature of Clergy		20. Signature of Others	
21. Signature of Registrar		22. Signature of Medical Officer		23. Signature of Coroner		24. Signature of Police Officer		25. Signature of Burial Officer	
26. Signature of Family		27. Signature of Friends		28. Signature of Neighbors		29. Signature of Clergy		30. Signature of Others	
31. Signature of Registrar		32. Signature of Medical Officer		33. Signature of Coroner		34. Signature of Police Officer		35. Signature of Burial Officer	
36. Signature of Family		37. Signature of Friends		38. Signature of Neighbors		39. Signature of Clergy		40. Signature of Others	
41. Signature of Registrar		42. Signature of Medical Officer		43. Signature of Coroner		44. Signature of Police Officer		45. Signature of Burial Officer	
46. Signature of Family		47. Signature of Friends		48. Signature of Neighbors		49. Signature of Clergy		50. Signature of Others	
51. Signature of Registrar		52. Signature of Medical Officer		53. Signature of Coroner		54. Signature of Police Officer		55. Signature of Burial Officer	
56. Signature of Family		57. Signature of Friends		58. Signature of Neighbors		59. Signature of Clergy		60. Signature of Others	
61. Signature of Registrar		62. Signature of Medical Officer		63. Signature of Coroner		64. Signature of Police Officer		65. Signature of Burial Officer	
66. Signature of Family		67. Signature of Friends		68. Signature of Neighbors		69. Signature of Clergy		70. Signature of Others	
71. Signature of Registrar		72. Signature of Medical Officer		73. Signature of Coroner		74. Signature of Police Officer		75. Signature of Burial Officer	
76. Signature of Family		77. Signature of Friends		78. Signature of Neighbors		79. Signature of Clergy		80. Signature of Others	
81. Signature of Registrar		82. Signature of Medical Officer		83. Signature of Coroner		84. Signature of Police Officer		85. Signature of Burial Officer	
86. Signature of Family		87. Signature of Friends		88. Signature of Neighbors		89. Signature of Clergy		90. Signature of Others	
91. Signature of Registrar		92. Signature of Medical Officer		93. Signature of Coroner		94. Signature of Police Officer		95. Signature of Burial Officer	
96. Signature of Family		97. Signature of Friends		98. Signature of Neighbors		99. Signature of Clergy		100. Signature of Others	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 6577

BIRTH NO. 52 6577

1. NAME OF DECEASED (Type or Print) <u>Edward R Waldschmidt</u>			2. DATE OF DEATH <u>7-15-52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Univ Hosp</u>			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <u>md</u> B. COUNTY <u>Balt city</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Univ Hosp</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>23-02</u>		
c. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>922 Light St</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 15, 1891</u>		9. AGE (in years last birthday) <u>61</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>	11. BIRTHPLACE (State or foreign country) <u>md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>George Waldschmidt</u>			14. MOTHER'S MAIDEN NAME <u>Elizabeth Nagarski</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>wife Katherine Waldschmidt</u> ADDRESS <u>922 Light St</u>		

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <u>coronary thrombosis</u> DUE TO <u>infarction</u>  (B) _____ DUE TO _____  (C) _____	INTERVAL BETWEEN ONSET AND DEATH
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION <u>0</u> 19B. MAJOR FINDINGS OF OPERATION	

20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 7 15, 1952, to 7 15, 1952, that I last saw the deceased alive on 7 15, 1952, and that death occurred at 3:15 Am., from the causes and on the date stated above.

23A. SIGNATURE <u>William L Heimann</u>		23B. ADDRESS <u>Univ Hosp</u>		23C. DATE SIGNED <u>7-15-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>July 18, 1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Bedar Hill</u>	24D. LOCATION (City, town, or county) <u>A. A. Co</u>	(State) <u>Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JUL 16 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>W. J. Brown</u> ADDRESS <u>1400 S Charles St</u>			

CERTIFICATE OF DEATH

1

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX AND COLOR

EDUCATION

RELIGION

OCCUPATION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH OF SPOUSE

NAME OF CHILD

DATE OF BIRTH OF CHILD

NAME OF CHILD

DATE OF BIRTH OF CHILD

NAME OF CHILD

DATE OF BIRTH OF CHILD

NAME OF CHILD

DATE OF BIRTH OF CHILD

NAME OF CHILD

DATE OF BIRTH OF CHILD

NAME OF CHILD

DATE OF BIRTH OF CHILD

NAME OF CHILD

DATE OF BIRTH OF CHILD

453  
52 6578BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6578

1. NAME OF DECEASED (Type or Print) <i>Vera Holland</i>			2. DATE OF DEATH <i>July 11, 1952</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Med. Dept</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>md.</i> b. COUNTY <i>Anne Arundel</i>		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>5200</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <i>300 Midland Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1-28-28</i>	9. AGE (in years last birthday) <i>24</i>	10. Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>md.</i>
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <i>John Cooper</i>		
14. MOTHER'S MAIDEN NAME <i>Etha Brown</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		
18. <i>260x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Diabetic Acidosis</i> DUE TO <i>Diabetes Mellitus</i> DUE TO <i>Diabetes Mellitus</i> DUE TO <i>Diabetes Mellitus</i>			INTERVAL BETWEEN ONSET AND DEATH <i>12 days</i> <i>2 yrs.</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION <i>7-11</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7-2</i> , 19 <i>52</i> to <i>7-11</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>7-11</i> , 19 <i>52</i> , and that death occurred at <i>8:40 P.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>George A. Edwards</i>		23b. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23c. DATE SIGNED <i>7-12-52</i>	
24a. BURIAL, CREATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>July 11, 1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Int Calvary</i>	
24d. LOCATION (City, town, or county) (State) <i>A.B. Co Md</i>		24e. FUNERAL DIRECTOR <i>Isaac L. Brownson</i>		24f. ADDRESS <i>6 E 8th St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 16 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		24g. ADDRESS <i>6 E 8th St</i>	

MEDICAL CERTIFICATION

5555 55

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

1955

*[Faint, illegible text and markings, possibly bleed-through from the reverse side of the page.]*

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

IDA C. COLLINS

2. DATE  
OF  
DEATH

July 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2075 Rock Rose Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write R.U.M. and give township)

D. STREET ADDRESS (If rural, give location)

1005 Abbott Court

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 2, 1882

9. AGE (in years  
last birthday)

69

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Chason

14. MOTHER'S MAIDEN NAME

Isabelle ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS Court

Miss Annabelle Collins, 1005 Abbott

18. 422.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) *bronchio-pneumonia*  
DUE TO *pneumococcus*

4 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) *congestive failure*  
DUE TO *arteriosclerotic Cardio-Vasc. Dis.*  
(C) *1 hemiplegia*  
*generalized arteriosclerosis*

2 day

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

5 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from June 19, 1951 to July 1, 1952, that I last saw the  
deceased alive on 7/1, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

K. Kulevich, M.D. M. O.

23B. ADDRESS

400 N. Hiltan St.

23C. DATE SIGNED

7/14/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/5/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

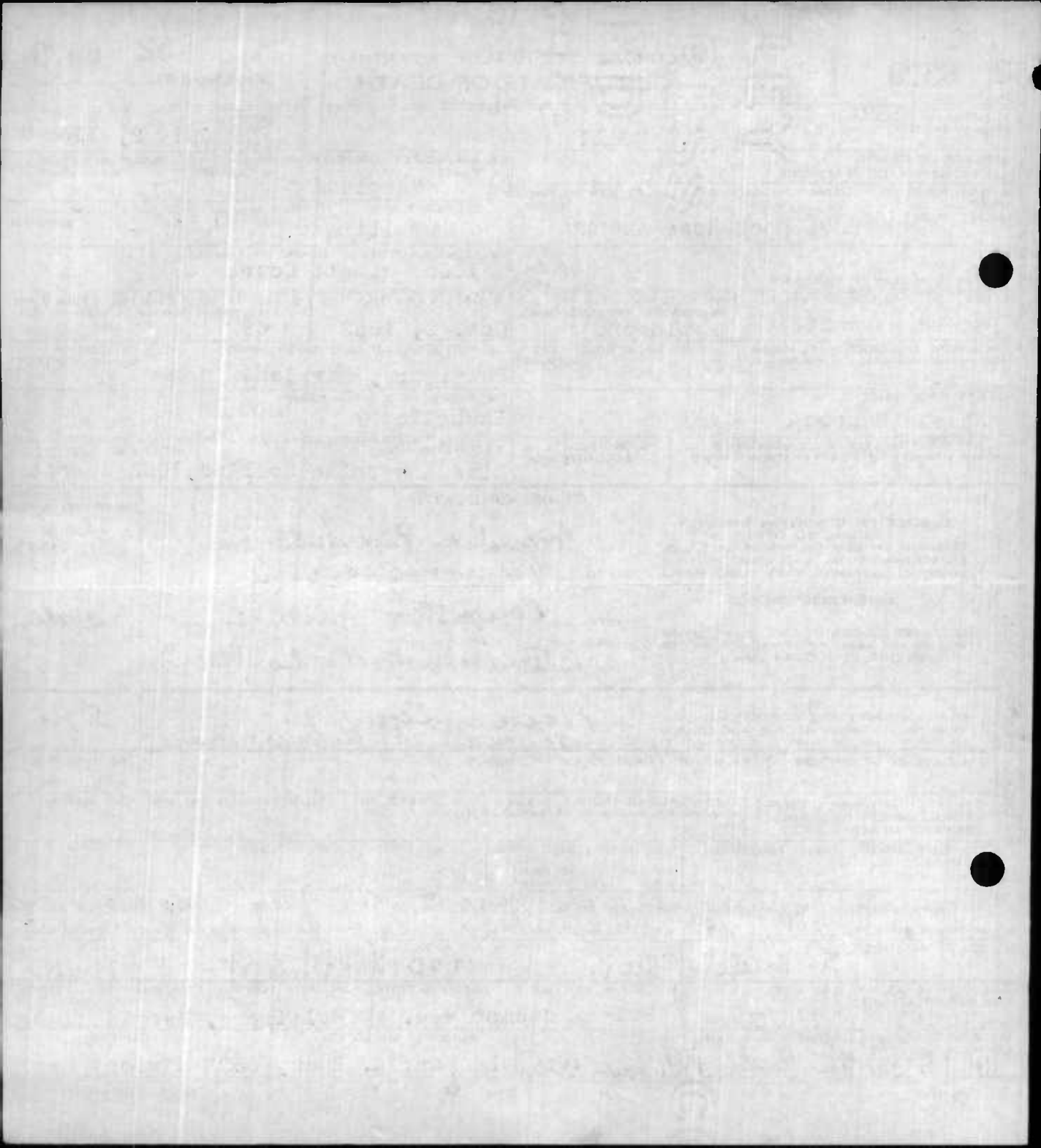
JUL 16 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>MARCELLA MENAS</i>			2. DATE OF DEATH <i>15 July 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hosp. of Md. Inc.</i>			C. CITY OR TOWN (If outside corporate limits, write R.U.N.A. and give township) <i>Baets, 16 28-04</i>		
6. Length of stay in Baltimore <i>30 years</i>			D. STREET ADDRESS (If rural, give location) <i>4516 Rokeby Rd</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>19 May 1884</i>	9. AGE (In years last birthday) <i>68</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Ireland</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>?</i>			14. MOTHER'S MAIDEN NAME <i>?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Son</i> ADDRESS <i>Same</i>		

18. *443 X and 260 X*  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH  
*30 hrs.*

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(A) *Congestive Failure*  
DUE TO

(B) *Cerebrovascular Accident*  
DUE TO

(C) *Hypertensive ASCD*  
*Diabetes*

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1 July, 1952*, to *15 July, 1952*, that I last saw the deceased alive on *15 July, 1952*, and that death occurred at *5:25 A. m.*, from the causes and on the date stated above.

23A. SIGNATURE *Anthony J. Di Giovanni* M. D. 23B. ADDRESS *Lutheran Hosp.* 23C. DATE SIGNED *18 July '52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7-17-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Green Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Windsor Mill Rd</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 18 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Kambres Funeral Home Inc</i> ADDRESS <i>440 E. North Ave.</i>	

0000 - 8320

CERTIFICATE OF DEATH

11-10



453  
52 6581BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6581

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Dora M. Holland

2. DATE  
OF  
DEATH

July 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Doctors Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 24-03

D. Length of stay in Baltimore

Permanent

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

Riverside Ave 1246

5. SEX

white

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

March 29, 1892

9. AGE (In years  
last birthday)

60

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles W. Johnson

14. MOTHER'S MAIDEN NAME

Sellers Minnie Sellers

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Charles W. Holland

ADDRESS

5214 Linden Hall

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhages  
due to Arteriosclerosis

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

anal. Hypertension

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, to July, 1952, that I last saw the  
deceased alive on 7/13, 1952, and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Walter Kohn

M. D.

23B. ADDRESS

102 E. Fort Ave

23C. DATE SIGNED

7/15/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

July 16, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county) (State)

Baltimore Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

George E. Egan 5005 Phyllis Ave

ADDRESS

Dr Walter Kohn,

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6582  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*JOHN NICKOLAS (Goldsberg)*

2. DATE  
OF  
DEATH

*7.12.52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE *Maryland* B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

*Provident Hospital*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*Baltimore City*

D. STREET ADDRESS (If rural, give location)  
*778 W. Santiago St*

Length of stay in Baltimore

*20*

Yrs.  
Mos.  
Days

5. SEX

*Male Negro*

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
*Widower*

8. DATE OF BIRTH

*3.16.1883*

9. AGE (in years last birthday)

*69*

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Laborer*

10B. KIND OF BUSINESS OR INDUSTRY

*Gen.*

11. BIRTHPLACE (State or foreign country)

*North Carolina*

12. CITIZEN OF WHAT COUNTRY?

*U.S.A.*

13. FATHER'S NAME

*Alfred Nicholas*

14. MOTHER'S MAIDEN NAME

*Lizzie Thomas*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) If yes, give war or dates of service

*No*

16. SOCIAL SECURITY NO.

17. INFORMANT

*Patient*

ADDRESS

18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

*Hypertensive heart disease*

*6 days*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *5.8.1952* to *7.12.1952* that I last saw the deceased alive on *7.12.1952* and that death occurred at *11:50 p.m.* from the causes and on the date stated above.

23A. SIGNATURE

*James D. Carr*

M. D.

23B. ADDRESS

*1421 Madison Ave*

23C. DATE SIGNED

*7.15.52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Burial*  
*7/16/1952*  
*Huntington Williams, M.D.*  
*322 N. ...*

VS 150

MEDICAL CERTIFICATION

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7-2-11

*[Faint handwritten text at the bottom of the page]*

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1871



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6583

BIRTH NO.

1. NAME OF DECEASED (Type or Print) T. Frederick De Cock		2. DATE OF DEATH 7-15-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 29		D. STREET ADDRESS (If rural, give location) 4012 Kathland Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 13, 1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Adminis- trative Adviser		10B. KIND OF BUSINESS OR INDUSTRY Spices	9. AGE (In years last birthday) 69 yrs
11. BIRTHPLACE (State or foreign country) Boston Massachusetts		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Gustave DeCock		14. MOTHER'S MAIDEN NAME Elizabeth Talbott	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 212-01-1040	
17. INFORMANT Mr. Fred DeCock, 4012 Kathland Ave.		ADDRESS	

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. 443X  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic - Hypertensive Cardio Vasc Disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July 13, 1952, to July 15, 1952, that I last saw the deceased alive on July 15, 1952, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

July 18, 1952

Forest Hill Cemetery

Boston, Mass.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

JUL 16 1952

Huntington Williams

4510 Liberty Heights Ave.

VS 150

29047

108 84

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6584**

**BIRTH NO.** **6584**

1. NAME OF DECEASED (Type or Print) <b>HORACE HALL</b>		2. DATE OF DEATH <b>7/12/52</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived before admission) STATE <b>Maryland</b> COUNTY _____	
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>1025 BENNETT PLACE</b>		c. CITY OR TOWN (If outside corporate limits, write R. R. and give township) <b>Baltimore 18-02</b>	
Length of stay in Baltimore <b>Life</b>		o. STREET ADDRESS (If rural, give location) <b>1025 Bennett Place</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11-18-1877</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (In years last birthday) <b>75</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME <b>John F. Hall</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Mary Bell</b>	
17. INFORMANT <b>Mrs Mammie Pryor</b>		ADDRESS <b>1228 W. Lonsdale St</b>	

18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hyper-tensive Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES		
(B) DUE TO		
(C)		

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23a. SIGNATURE **R. B. Fisher** M.D. 23b. CHIEF MEDICAL EXAMINER **R. B. Fisher** 23c. DATE SIGNED **7/13/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-17-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wm. L. Green</b>	24d. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 16 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Charles G. Cooper</b> <b>514 N. Carrollton Ave</b>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6585**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**SETH BAKER**

2. DATE  
OF  
DEATH

**JULY 15, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**MERLY HOSPITAL**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

**MARYLAND**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**BALTIMORE**

D. STREET ADDRESS (If rural, give location)  
**318 N. PINE**

5. SEX

**MALE**

6. COLOR OR RACE

**COLORED**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**MARRIED**

8. DATE OF BIRTH

**AUG 19, 1900**

9. AGE (In years last birthday)

**51**

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**LONGSHOREMAN**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**NORTH CAROLINA**

12. CITIZEN OF WHAT COUNTRY?

**USA**

13. FATHER'S NAME

**JOHN BAKER**

14. MOTHER'S MAIDEN NAME

**ELIZABETH WATSON**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**HOSPITAL RECORDS**

18. **163X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **CARCINOMA OF THE LUNG**

**1 YEAR**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **19**, to **19**, that I last saw the deceased alive on **JULY 15, 1952** and that death occurred at **11:40 AM**, from the causes and on the date stated above.

23A. SIGNATURE

**Joseph J. Michels**

M. D.

23B. ADDRESS

**Mercy Hospital**

23C. DATE SIGNED

**7-15-52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**7-19-52**

24C. NAME OF CEMETERY OR CREMATORY

**My Auburn Cem**

24D. LOCATION (City, town, or county)

**Balto**

(State)

**Md**

DATE RECEIVED BY LOCAL REGISTRAR

**JUL 16 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**Charles G. Cooper**

ADDRESS

**1952 940556 5592 N. Carrollton ave**

1930 32  
CENTRE OF DEPT. OF AGRICULTURE  
WASHINGTON, D. C.  
JAN 10 1931  
MRS. J. H. BROWN  
1234 5th Ave.  
New York, N. Y.  
Dear Sir:  
I have the honor to acknowledge the receipt of your letter of the 10th inst. and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.  
Very respectfully,  
J. H. BROWN  
Director of the Bureau of Plant Industry  
U. S. Department of Agriculture



BALTIMORE CITY HEALTH DEPARTMENT  
 CERTIFICATE OF DEATH

52 6586  
 Registered No.

BIRTH NO.

1. NAME OF DECEASED  
 (Type or Print)

PETER JAMES GORDON

2. DATE  
 OF  
 DEATH

7/15/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
 HOSPITAL OR  
 INSTITUTION

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
 A. STATE B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

845 N. HOWARD ST

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
 WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JAN 2, 1891

9. AGE (in years  
 last birthday)

61 62

If Under 1 Year  
 Months: Days

If Under 24 Hours  
 Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
 work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR  
 INDUSTRY

OPTICIAN

11. BIRTHPLACE (State or foreign country)

PENNSYLVANIA

12. CITIZEN OF  
 WHAT COUNTRY?

U. S.

13. FATHER'S NAME

PETER JAMES GORDON

14. MOTHER'S MAIDEN NAME

MARGARET ARBUCKLE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
 (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
 SECURITY NO.

215-22-239

17. INFORMANT

ADDRESS

WIFE - 845 N. HOWARD ST BALTO, MD

18. 527.1

CAUSE OF DEATH

INTERVAL BETWEEN  
 ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
 LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) ~~pneumonia~~

-DUE TO-

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
 RISE TO THE ABOVE CAUSE (A) STATING THE  
 UNDERLYING CONDITION LAST.

(B) ~~pulmonary emphysema~~  
 (pronounced)

-DUE TO-

(C) ~~malnutrition~~

(over)

II  
 OTHER SIGNIFICANT CONDITIONS CON-  
 TRIBUTING TO THE DEATH, BUT NOT RELATED  
 TO THE DISEASE OR CONDITION CAUSING IT.

1. Arteriosclerosis, general

2. Cholecystitis, chronic

3. Calculus, biliary (in gall bladder)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-  
 LYING ☐ OR CONTRIBUTING ☐  
 CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
 about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
 INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
 OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
 WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 7/12, 1952 to 7/15, 1952 that I last saw the deceased alive on 7/15, 1952 and that death occurred at 8:47 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Georgia Reynolds

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

7/15/52

24A. BURIAL, CREMA-  
 TION, REMOVAL (Specify)

Removal

24B. DATE

7/18/52

24C. NAME OF CEMETERY OR CREMATORY

Columbus

24D. LOCATION (City, town, or county) (State)

Columbus, Ohio

DATE RECEIVED BY  
 LOCAL REGISTRAR

JUL 16 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook & Sons, 1217 E. Paul St.

See Document File 52-6586

Letter from Dr. Georgia Reynolds, Asst Res in Medicine

also signed by Mr. Carroll D. Hill, Director, Union Mem. Hospital

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6587**

BIRTH NO. **52 6587**

1. NAME OF DECEASED (Type or Print) <b>MICHAEL PASTERNAK</b>		2. DATE OF DEATH <b>July 15, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Anne Arundel</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Morgue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>8230 High Point Rd. A. A. Co.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Jan 13 - 1904</b>
		9. AGE (in years last birthday) <b>38</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sailor</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Ladies Garments</b>	
13. FATHER'S NAME <b>Vincent Pasternak</b>		12. CITIZEN OF WHAT COUNTRY? <b>Poland</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT <b>Josephine Pasternak</b> ADDRESS <b>A.A. Co. 109 Carvel Beach Rd.</b>	

18. <b>E978X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Fractured skull</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>street</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Baltimore and Guilford Ave.</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>July 15, 1952</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Jumped off Tower Bldg. (from 12th floor)</b>	
22. I certify that I took charge of the remains described above, held an <u>inspection &amp; inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley H. Durscher</i> M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/>		23C. DATE SIGNED <b>July 16, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 19-1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart of Mary</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto. Co. Md.</b>		24E. NAME OF FUNERAL DIRECTOR <b>Wm. S. Fialkowski</b>		24F. ADDRESS <b>2007 Eastern Ave.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>July 16, 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <b>Wm. S. Fialkowski</b>	

B  
2087

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6588

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Henry John Cierniak

2. DATE  
OF  
DEATH

7-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospital  
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1618 Hazel St.

6. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

? ? ?

9. AGE (in years  
last birthday)

about 70

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR INDUSTRY

Buildings

13. FATHER'S NAME

Unknown

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

218-03-5641

17. INFORMANT

B.C.H. Records

ADDRESS

4940 Eastern Ave.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Far Advanced Pulmonary Tuberculosis

3 &amp; 1/2 yrs

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-16, 1949, to 7-14, 1952, that I last saw the deceased alive on 7-14, 1952, and that death occurred at 9:15 PM from the causes and on the date stated above.

23A. SIGNATURE

J.S. Hogan

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

July 19-1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

A.A. Co.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. S. Fialkowski 2007 Eastern Ave

ADDRESS

VS 150

MEDICAL CERTIFICATION

8803

72

69



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6589**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Anna Barnes**

2. DATE  
OF

DEATH **July 14, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore, Md.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE **Md.**

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

**426 S. Dallas St., Baltimore, Md.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Balto city 3-01**

D. STREET ADDRESS (If rural, give location)

**426 S. Dallas St**

c. Length of stay in Baltimore

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

**Widowed**

8. DATE OF BIRTH

**July 18, 1865**

9. AGE (In years last birthday)

**86**

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housework**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Poland**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Jankanty Brusinski**

14. MOTHER'S MAIDEN NAME

**Mary**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**Unknown**

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Sophia Wioskowski, 426 S. Dallas St.**

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Broncho-pneumonia, terminal**

**2 days**

DUE TO **Myocardial insufficiency**

**3 days**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertension, essential, malignant**

**?**

DUE TO **Arteriosclerosis**

**?**

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Hemiplegia, left**

**7 days**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 8, 1949**, to **July 14, 1952**, that I last saw the deceased alive on **July 14, 1952**, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23. SIGNATURE

**I. B. Bronushas, M.D.**

23B. ADDRESS

**3037 O'Donnell St.**

23C. DATE SIGNED

**July 15, '52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

**July 18, 1952**

24C. NAME OF CEMETERY OR CREMATORY

**Holy Rosary**

24D. LOCATION (City, town, or county)

**Baltimore County, Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS

**William S. Malkowski, 2007 Eastern Ave.**

1000

1000

1000



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6590**

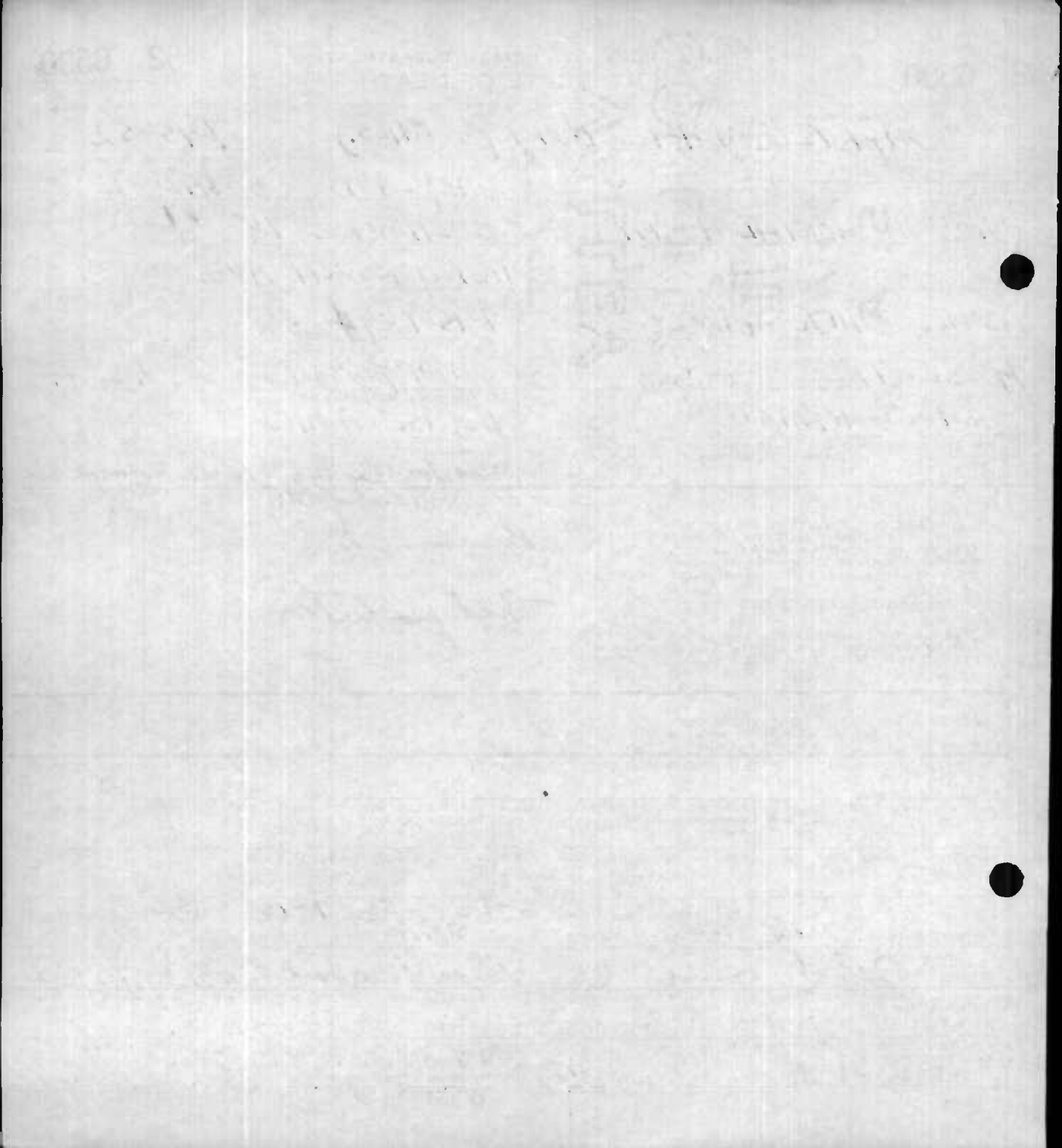
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MYRTLE MARIE BURRY (MRS.)</b>		2. DATE OF DEATH <b>7-15-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNION MEMORIAL HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 18 9-05</b>	
5. LENGTH OF STAY IN BALTIMORE <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>1161 GORSUCH AVE</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>7-15-1894</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	9. AGE (in years last birthday) <b>58</b>
13. FATHER'S NAME <b>SAMUEL HYMAN</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Mrs Dorothy Setz</b>		ADDRESS <b>1642 Knapel Ave</b>	

18. <b>493X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Pneumonia</b>		CAUSE OF DEATH (lasted)	INTERVAL BETWEEN ONSET AND DEATH
DUE TO		(A) <b>Pneumonia</b>	
ANTECEDENT CAUSES		(B) <b>Heart prostration.</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>6-26</b> , 19 <b>52</b> , to <b>7-15</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7-14</b> , 19 <b>52</b> , and that death occurred at <b>5:07 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Ann Hugan</b>		23B. ADDRESS <b>Union Memorial Hosp.</b>		23C. DATE SIGNED <b>7/15/52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>7/18/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 16 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC.</b>		ADDRESS <b>BALTO 5 B. MD.</b>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6591**

**400**  
**52 6591**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>August Rahley</b>		2. DATE OF DEATH <b>July 15, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution, give name of institution) A. STATE <b>Md</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>2709 Westfield Ave</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>M</b>	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>July 12, 1889</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>cooperage</b>	
13. FATHER'S NAME <b>John Rahley</b>		14. MOTHER'S MAIDEN NAME <b>Rosina Egersdorfer</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>213-05-5826</b>	
17. INFORMANT <b>Miss Ella Railey, 2709 Westfield Av</b>		ADDRESS <b>14</b>	

18. <b>592X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Uremia</b>		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DUE TO			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Chronic Glomerulonephritis</b>		DUE TO	
		DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Coronary Ht. Disease</b>			

19A. DATE OF OPERATION <b>7/19/52</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **July 1, 1952**, to **July 15, 1952**, that I last saw the deceased alive on **July 15, 1952**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Charles B. Roberts Jr.</b>		23B. ADDRESS <b>University Hospital</b>		23C. DATE SIGNED <b>7/15/52</b>	
---	--	--	--	------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>7/19/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Moreland Memorial Cemetery</b>		24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>	
--	--	-----------------------------	--	---	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 16 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC</b>		ADDRESS <b>BALTO, MD</b>	
--	--	---	--	---	--	-----------------------------	--

*Signat Sander*

MEDICAL CERTIFICATION

STATE OF NEW YORK

DEPARTMENT OF HEALTH

OFFICE OF THE COMMISSIONER

ALBANY, NEW YORK

1970

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535  
52 6592  
BIRTH NO.HINTON  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6592

1. NAME OF DECEASED (Type or Print) <i>Cora Hinton</i>			2. DATE OF DEATH <i>7/14/52</i> <i>7/14/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>16-01</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		
D. STREET ADDRESS (If rural, give location) <i>632 N. Carrollton Ave</i>			E. LENGTH OF STAY IN BALTIMORE <i>50 1/2</i> Yrs. Mos. Days		
5. SEX <i>F</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>Dec. 17-1884</i>	9. AGE (In years last birthday) <i>67</i>	10. If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>Va</i>			12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>		
13. FATHER'S NAME <i>Unknown</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Ellen Haynie - 632 N. Carrollton Ave</i>			ADDRESS		

18. <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cancer of the Stomach</i> DUE TO (A) ..... ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) ..... (C) .....	CAUSE OF DEATH <i>Cancer of the Stomach</i>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

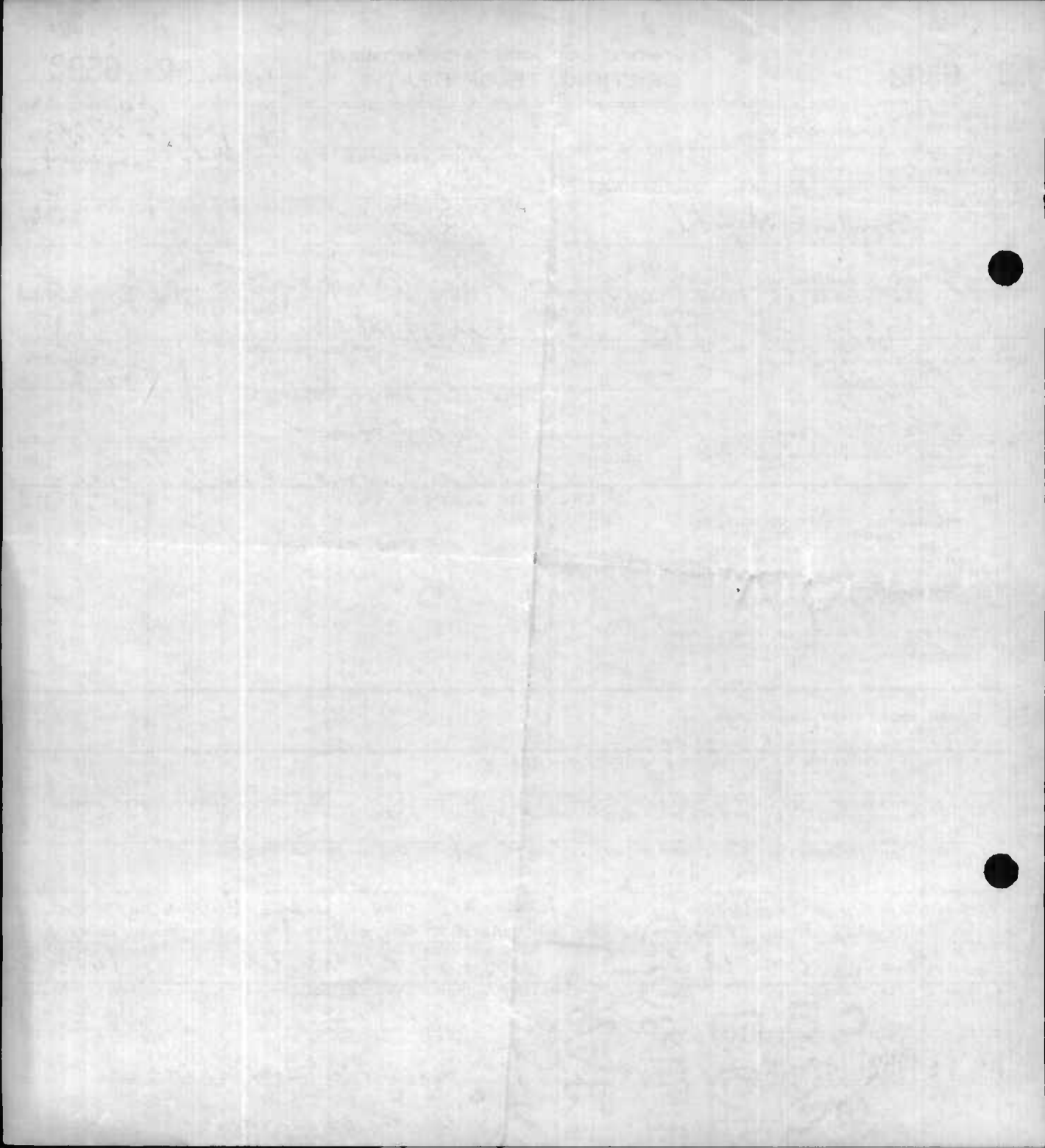
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 21*, 19*52* to *July 14*, 19*52*, that I last saw the deceased alive on *7/13*, 19*52*, and that death occurred at *1:40* a. m., from the causes and on the date stated above.

23A. SIGNATURE <i>George B. Adams</i> M. D.	23B. ADDRESS <i>2327 W. North</i>	23C. DATE SIGNED <i>7-14-52</i>
---	--------------------------------------	------------------------------------

24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>Arbuton Mem. Park</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 16 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Samuel W. Sullivan, Jr</i>	ADDRESS <i>7208A 1011 N. Arlington Ave</i>
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645 Jandorf

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6593

BIRTH NO. 6593

1. NAME OF DECEASED (Type or Print) JOSEPH A. FROEHLINGER		2. DATE OF DEATH JULY 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2518 Hamilton Avenue		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2518 Hamilton Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 22, 1889
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Amer. Tel. & Teleg. Co.		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph C. Froehlinger		14. MOTHER'S MAIDEN NAME Josepha M. Hochhaus	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Amelia E. Froehlinger		ADDRESS 2518 Hamilton	

18. 420.1 CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Coronary occlusion	
DUE TO			
ANTECEDENT CAUSES		(B) Pneumonia	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
		(C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 13, 1952 to July 14, 1952, that I last saw the deceased alive on July 13, 1952 and that death occurred at 12:45 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Donald Jandorf		23B. ADDRESS 6077 Harford Rd.		23C. DATE SIGNED 7-15-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/17/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. NAME OF FUNERAL DIRECTOR Leonard J. Ruck		24F. ADDRESS 5305 Harford Road.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 16 1952		REGISTRAR'S SIGNATURE Huntington		VS 150	

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W. A. J. & S. Co., Ltd.

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52 6594

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

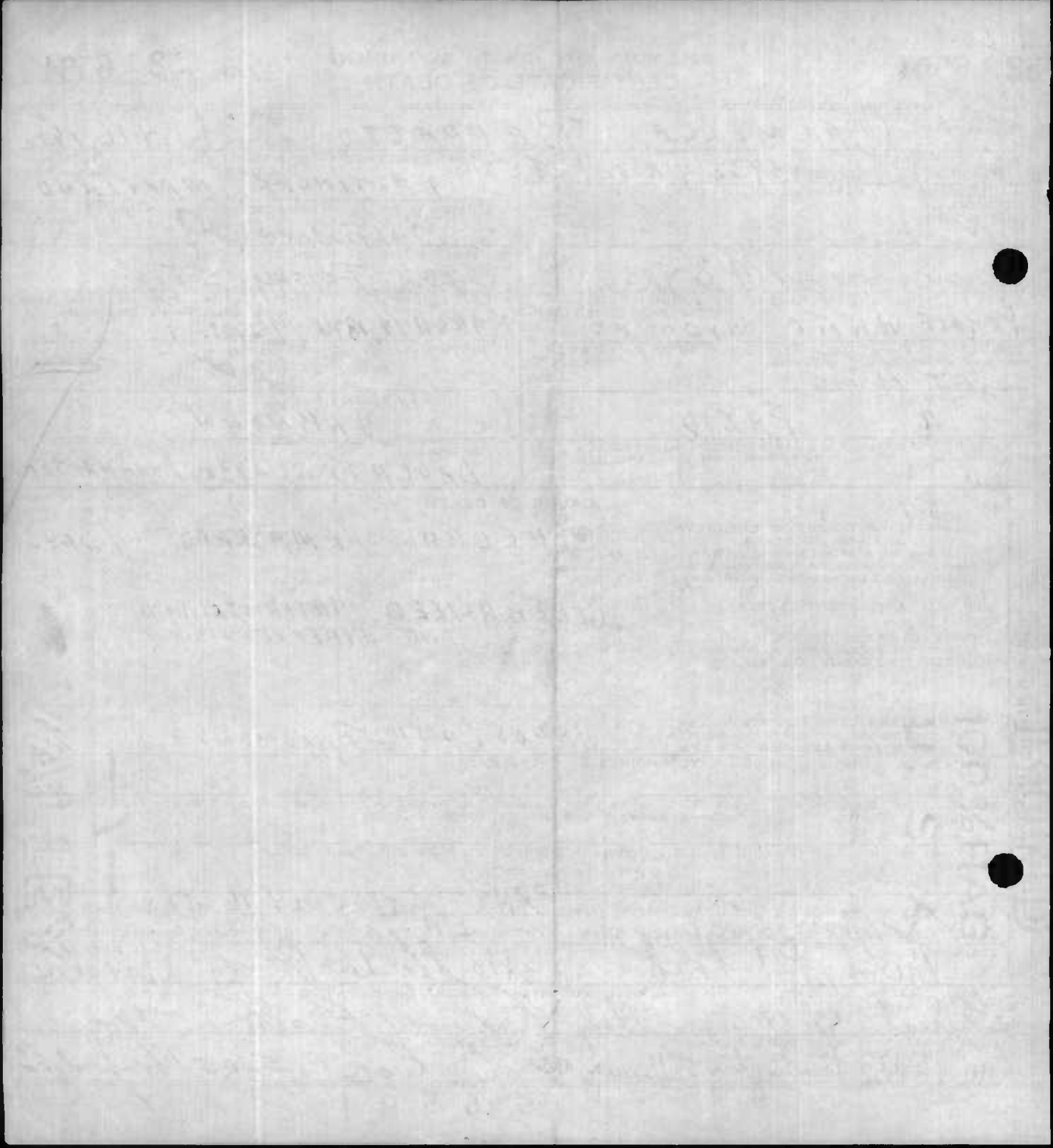
Registered No. 52 6594

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <b>CARMELLA RAPPAZZO</b>			2. DATE OF DEATH <b>JULY 16, 1952</b>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>3932 FRISBY ST.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <b>BALTIMORE</b> B. COUNTY <b>MARYLAND</b>						
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <b>BALTIMORE 9-01</b>						
5. Length of stay in Baltimore <b>48 YRS.</b>			Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>3932 Frisby ST.</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MARCH 14 1876</b>			9. AGE (in years last birthday) <b>76 YRS.</b>	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT Home</b>			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Fazio</b>			14. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>			16. SOCIAL SECURITY NO.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <b>DAUGHTER - 1300 BONHAPARTEN.</b>			

MEDICAL CERTIFICATION	18. <b>331X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	(A) DUE TO		<b>CEREBRAL HEMIMORRAGE</b>		<b>4 DAYS</b>	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		<b>GENERALIZED ARTERIOSCLEROSIS AND HYPERTENSION.</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) ...		<b>HYPOSTATIC PNEUMONIA.</b>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>MAY 1951</b> to <b>JULY 16, 1952</b> , that I last saw the deceased alive on <b>JULY 15, 1952</b> and that death occurred at <b>2 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Muri L. Cook</b>		23B. ADDRESS <b>4405 Sheldon Drive</b>		23C. DATE SIGNED <b>JULY 16, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7-19-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Balto</b>	
24D. LOCATION (City, town, or county) (State) <b>Md</b>		25. FUNERAL DIRECTOR <b>L.J. Luck</b>		ADDRESS <b>5305 Bayford Rd</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 16 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, MD</b>			

52 6594





520  
52 6595BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6595

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WILLIAM HAINES

2. DATE  
OF  
DEATH

7-13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

UNIVERSITY HOSPITAL

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE

B. COUNTY

ELK RIDGE MD. Howard

C. CITY OR TOWN

ELK RIDGE

D. STREET ADDRESS (If rural, give location)

6300

5. SEX

F-M

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

7-30-1906

9. AGE (In years  
last birthday)

46

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Harry Thomas

14. MOTHER'S MAIDEN NAME

Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Beulah Scott - 2132 Crestman St

1B. 153X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) VASCULAR SHOCK  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) LOOP COLOSTOMY  
DUE TO  
(C) INTESTINAL OBSTRUCTION  
FROM CA.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

7-11-52

19B. MAJOR FINDINGS OF OPERATION

CARCINOMA LARGE BOWEL

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-11-52, 1952, to 7-13-52, 1952, that I last saw the  
deceased alive on 7-13-52, 1952, and that death occurred at 11:15 m., from the causes and on the date stated above.

23A. SIGNATURE

Harry M. Walsh

M. D.

23B. ADDRESS

UNIV. HOSP.

23C. DATE SIGNED

7-14-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/18/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 16 1952

REGISTRAR'S SIGNATURE

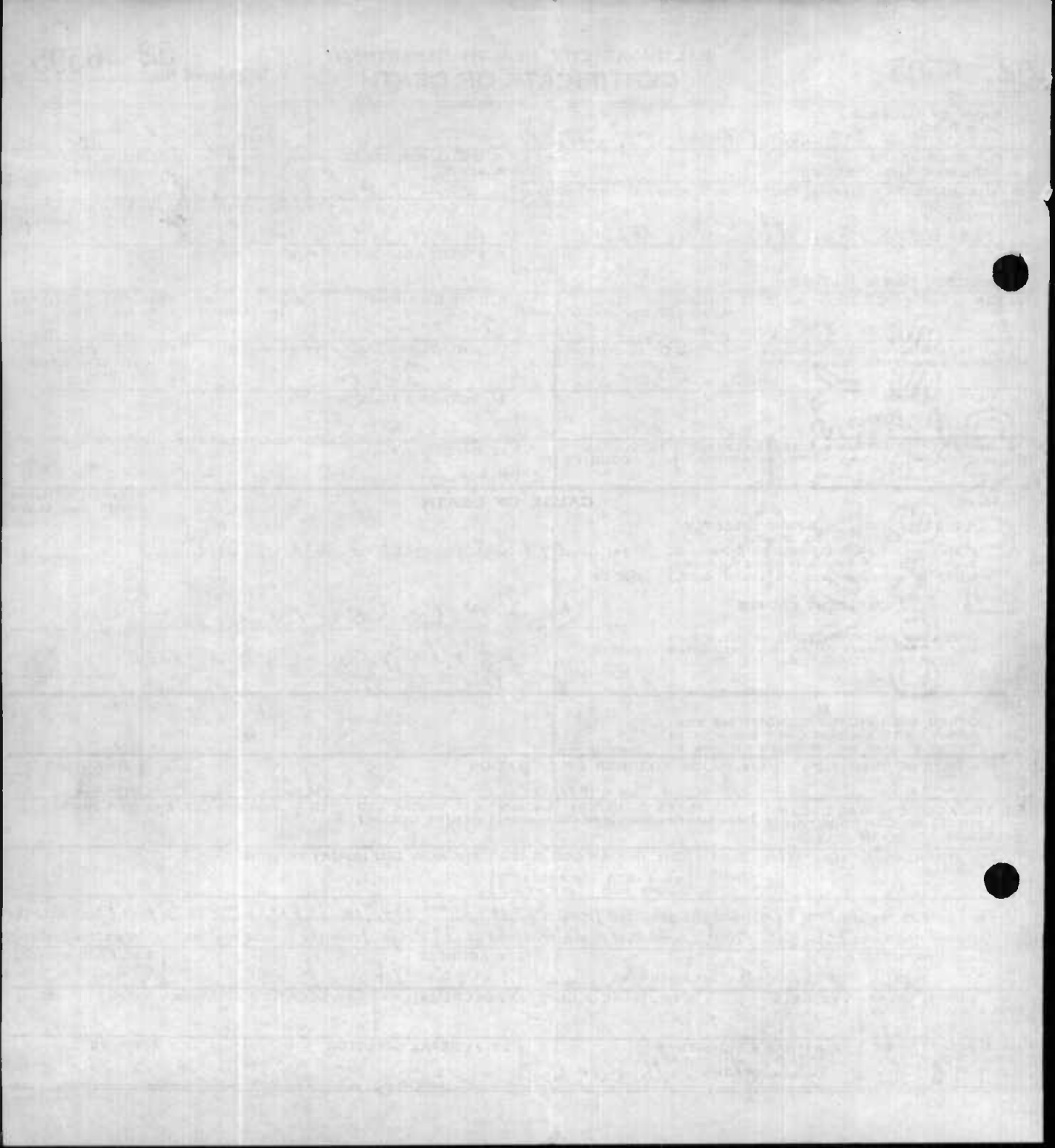
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles A. Barre

ADDRESS

661 W. Barre



## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

6596

52-150731

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Harris, Baby Girl-Viola

2. DATE  
OF  
DEATH

7-4-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONBaltimore City Hospitals  
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write full name of town, village, or township)

Baltimore

D. STREET ADDRESS (If rural, give location)

565 W. Biddle Street

Length of stay in Baltimore

life

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
single

8. DATE OF BIRTH

July 3, 1952

9. AGE (In years,  
last birthday)If Under 1 Year  
Months: Days

1

If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Ollie Harris

14. MOTHER'S MAIDEN NAME

Viola Briscoe

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Ave.

18. 776x

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Prematurity

DUE TO

Life

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
M. WORK AT WORK22. I hereby certify that I attended the deceased from 7-3-1952, to 7-4-1952, that I last saw the  
deceased alive on 7-4-1952, and that death occurred at 10:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

4940 Eastern Ave.

7-9-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Cremated

24B. DATE

7-7-52

24C. NAME OF CEMETERY OR CREMATORY

B. C. H. Crematory

24D. LOCATION (City, town, or county) (State)

4940 Eastern Ave.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 17 1952

Huntington Williams, M.D.

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6597**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Infant of Mildred Brooks (610779)

2. DATE  
OF  
DEATH

June 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

1358 North Calhoun Street - 17

5. SEX  
Female

6. COLOR OR RACE  
Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH  
June 29, 1952

9. AGE (In years last birthday)

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min:  
4 29

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Clarence Ross

14. MOTHER'S MAIDEN NAME

Mildred Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Hospital Records

ADDRESS

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from June 29, 1952 to June 29, 1952, that I last saw the deceased alive on June 29, 1952, and that death occurred at 11.10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

*Wentley B. Busby*

M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

7/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

*Hosp Defunct*

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JUL 17 1952

*Huntington Williams*

25. FUNERAL DIRECTOR

ADDRESS

1953

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1953

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **52 6598**BIRTH NO. **52 6598**  
**52-15306**1. NAME OF DECEASED  
(Type or Print)

Infant of Natalie Cowan

(235712)

2. DATE  
OF  
DEATH

June 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE The Johns Hopkins Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

2241 Madison Avenue - 17

Length of stay in Baltimore

Infant

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

-

8. DATE OF BIRTH

June 23, 1952

9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

2 50

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Clarence Cowan

14. MOTHER'S MAIDEN NAME

Natalie Haywood

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Hospital Records

ADDRESS

18. **776x**

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHI  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

*Prematurity*

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1952, to June 23, 1952, that I last saw the deceased alive on June 23, 1952, and that death occurred at 4:20 A. M., from the causes and on the date stated above.

23A. SIGNATURE

*Wendell B. Busby*

M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

6/26/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

*Hosp Desfordal*

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

JUL 17 1952

VALLEY

1903

1904

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543  
52 6599BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6599

BIRTH NO. 22-15307

1. NAME OF DECEASED  
(Type or Print)

Infant of Jane Hamlet

(393735)

2. DATE  
OF  
DEATH

June 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR

INSTITUTION The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1704 North Smallwood Street - 16

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Yrs.  
Mos.  
Days

8. DATE OF BIRTH

June, 3, 1952

9. AGE (in years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

6 50

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Louis Hamlet

14. MOTHER'S MAIDEN NAME

Jane Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. 776x

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Prematurity

DUE TO

6 hrs 50 min

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1952 to June 4, 1952, that I last saw the  
deceased alive on June 4, 1952, and that death occurred at 6.10 AM., from the causes and on the date stated above.

23A. SIGNATURE

Hunt &amp; Bursky

M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 17 1952

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RECEIVED BY THE U.S. DEPARTMENT OF THE INTERIOR

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WATER RESOURCES DIVISION

WASHINGTON, D.C. 20240

OFFICE OF THE ASSISTANT SECRETARY FOR WATER RESOURCES

WASHINGTON, D.C. 20240

TELEPHONE (202) 743-3000

TELETYPE (202) 743-3000

FACSIMILE (202) 743-3000

MAIL ROOM (202) 743-3000

RECORDS MANAGEMENT (202) 743-3000

GENERAL INVESTIGATIVE DIVISION

WASHINGTON, D.C. 20240

TELEPHONE (202) 743-3000

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FACSIMILE (202) 743-3000

MAIL ROOM (202) 743-3000

RECORDS MANAGEMENT (202) 743-3000

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **52 6600**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)*Tillie Sussman*2. DATE  
OF  
DEATH*July 15 '1952*

3. PLACE OF DEATH:

☒ Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION*Maryland General Hospital*

Length of stay in Baltimore

*45*Yrs.  
Mos.  
Days

5. SEX

*F.*

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)*widowed*

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.*5-6*10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)*Housewife*10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

*not known*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

11. BIRTHPLACE (State or foreign country)

*Russia*12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

*not known*

17. INFORMANT

ADDRESS

*Gertrude Sussman - same*18. *260X*

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) *Arteriosclerotic cardio-vascular**? 10 yrs*DUE TO *disease & cardiac decompensation*

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) *Diabetes - mellitus**? 10 yrs*

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from *July 15, 1952*, to *July 15, 1952*, that I last saw the  
deceased alive on *July 15, 1952*, and that death occurred at *3:45 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*Dr. Jui Lin*

M. D.

*Maryland General Hosp**July 16 '52*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

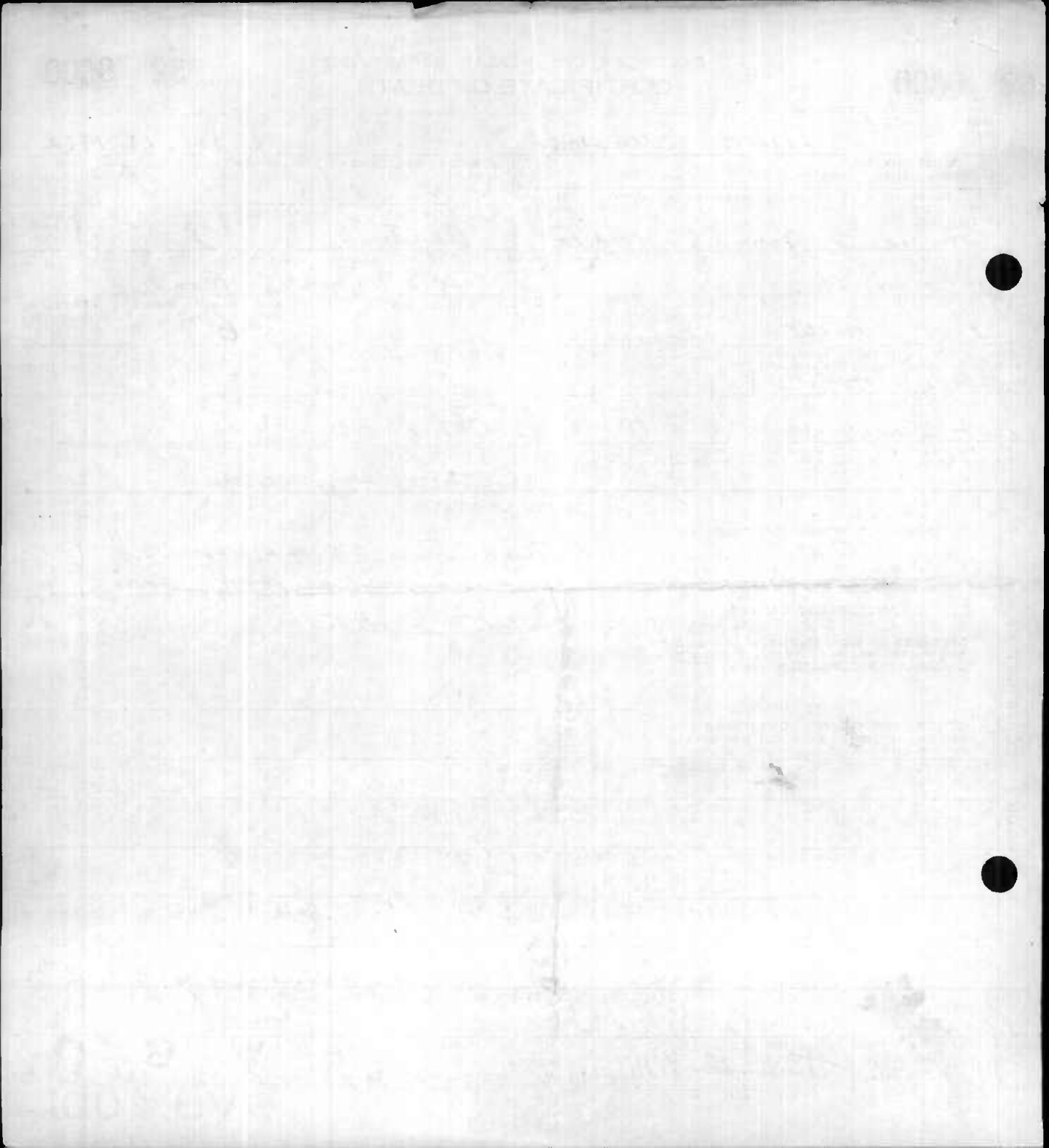
*Burial**7-17-52**Mt Carmel**Balti**Md*DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*JUL 17 1952**Huntington Williams, M.D. Jack Lewis 2100 Canton Pl*





630  
52 6601

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6601  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Alice Warder Garrett</b>			2. DATE OF DEATH <b>July 15, 52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>4545 N. Charles</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>4545 N. Charles St.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 27-11</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>4545 N. Charles St.</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>N</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JUNE 24, 1877</b>		9. AGE (In years last birthday) <b>75</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Benjamin M. Warder</b>			14. MOTHER'S MAIDEN NAME <b>ELLEN ORMSBEE</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>?</b>	17. INFORMANT ADDRESS <b>Philip F. Wagley, 9 E. Chase St.</b>		

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <b>Myocardial infarction</b> DUE TO (B) <b>Arteriosclerosis</b> DUE TO (C)  INTERVAL BETWEEN ONSET AND DEATH <b>20 minutes</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June**, 19**52**, to **July 15**, 19**52**, that I last saw the deceased alive on **July 14**, 19**52**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Philip F. Wagley</b>		23B. ADDRESS <b>9 E. Chase St.</b>		23C. DATE SIGNED <b>July 15 52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>		24B. DATE <b>7-17-1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>GREENMOUNT</b>	
24D. LOCATION (City, town, or county) <b>BALTO.</b>		24E. (State) <b>MD.</b>			

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 17 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR ADDRESS <b>H.W. JENKINS &amp; SONS Co. 4905 YORK RD</b>	
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NOV 24

RECEIVED - DEPT. OF THE ARMY  
WASHINGTON, D. C.

NOV 24

TO: THE SECRETARY, DEPT. OF THE ARMY  
FROM: THE CHIEF, BUREAU OF MILITARY AERONAUTICS  
SUBJECT: PROPOSAL FOR THE DEVELOPMENT OF A  
NEW TYPE OF AIRCRAFT ENGINE  
1. The purpose of this report is to present the results of a study  
conducted by the Bureau of Military Aeronautics, Department of the Army,  
concerning the development of a new type of aircraft engine.  
2. The study was conducted in accordance with the instructions of the  
Secretary of the Army, dated 10/15/44, and the findings of the  
Bureau of Military Aeronautics, dated 10/20/44.  
3. The results of the study are as follows:  
a. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
b. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
c. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
d. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
e. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
f. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
g. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
h. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
i. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
j. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
k. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
l. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
m. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
n. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
o. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
p. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
q. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
r. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
s. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
t. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
u. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
v. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
w. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
x. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
y. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.  
z. The proposed engine is a new type of aircraft engine, which  
is designed to be used in the development of a new type of aircraft.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6602**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>William Frazier</b>			2. DATE OF DEATH <b>7/15/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>12-03</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Joseph Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>54</b> <b>2422 Brentwood Ave.</b>			E. LENGTH OF STAY IN BALTIMORE <b>54</b> Yrs. Mos. Days		
5. SEX <b>male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 23, 1885</b>		9. AGE (In years last birthday) <b>67</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nightwatchman</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Paving Industry</b>		11. BIRTHPLACE (State or foreign country) <b>Virginia</b>
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <b>Richard Frazier</b>		
14. MOTHER'S MAIDEN NAME <b>Susan Johnson</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <b>Annie Frazier</b>		

<p>18. <b>443X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center"><b>ANTECEDENT CAUSES</b></p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p>	<p align="center"><b>CAUSE OF DEATH</b></p> <p>(A) <b>Hypertensive Cardiovascular Disease</b> DUE TO</p> <p>(B) <b>Cerebral Hemorrhage</b> DUE TO</p> <p>(C) <b>Heart Failure; Pulmonary Edema</b></p> <p align="center"><b>II</b></p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
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19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **7/13/**, 1952, to **7/15**, 1952 that I last saw the deceased alive on **7/15**, 1952, and that death occurred at **6:40 Pm.**, from the causes and on the date stated above.

23A. SIGNATURE <b>John M. Krager</b>	23B. ADDRESS <b>St. Joseph Hospital</b>	23C. DATE SIGNED <b>7/15/52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/19/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary</b>	24D. LOCATION (City, town, or county) (State) <b>A. G. County Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 17 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR ADDRESS <b>Mrs. Robt. G. Elliott's daughter</b> <b>929 N. Caroline St.</b>	

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Registered No. 52 6603

1. NAME OF DECEASED  
(Type or Print)

2. DATE OF DEATH 7-15-52

3. PLACE OF DEATH:  
A. Baltimore City, Maryland B2 1 to Md.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give zip code) Maryland

South Baltimore General Hosp.

Baltimore 4300

Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)  
33 E. Hamburg St

5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W.
-------------	-----------------------	--

8. DATE OF BIRTH	9. AGE (in years last birthday)	10. Under 1 Year Months: Days:	11. Under 24 Hours Hours: Min.:
JULY 21, 1878	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY
---	-----------------------------------

11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
---	-----------------------------

SEWING.	CLOTHING
13. FATHER'S NAME	

14. MOTHER'S MAIDEN NAME

UNKNOWN

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO. 215-01-2982
--	--

17. INFORMANT	ADDRESS
MRS. BERTHA BUCK	33 E HAMBURG ST

18. 420.1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
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DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary occlusion & myocardial infarct

DUE TO

ANTECEDENT CAUSES *Heartburn, Cardiac Vascular Disease*

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) *Shirley Ann* *in New Orleans*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED

19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?		
------------------------	--	--	----------------------------------	--	--	--------------	--	--

			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER-	21B. PLACE OF INJURY (e. g., in or	21C. WHERE DID	(If in Baltimore City, give exact location)	

MEMO	LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	about home, farm, factory, street, office bldg., etc.)	INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-15-52 1952 to 7-15 1952 that I last saw the

deceased alive on 7-15, 1952 and that death occurred at 12:18 p.m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Daniel O. Mercado	South Balt. Gen. Hospital	7-15-52

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county)	(State)
	7/18/57	BAYVIEW	EASTMAN AVENUE	

BURIAL	7/18/52	LOAN - HAN	EASTERN
DATE RECEIVED BY	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS

LOCAL REGISTRAR JUL 17 1952 Huntington Williams, MD. JOHN F. DENNY, INC. 715 LIGHT ST

VS 150 -30

5/5/9





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6604**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>GEORGE E SMITH</b>		2. DATE OF DEATH <b>July 12/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balt Md</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md</b> B. COUNTY <b>141 W Lee St</b>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Two Light Nursing Home</b> 1913 Entaw place <b>Home</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balt Md 14-01</b>	
6. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>1913 Entaw place</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept 17, 1873</b>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>		11. BIRTHPLACE (State or foreign country) <b>Balt Md</b>	
13. FATHER'S NAME <b>Unknown</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <b>212-14-1874</b>	
17. INFORMATION ADDRESS <b>amb</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	

18. <b>286.5</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>malnutrition</b>		INTERVAL BETWEEN ONSET AND DEATH <b>sev weeks</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>cardiac weakness</b>		<b>?</b>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **July 1, 1952**, to **July 12, 1952**, that I last saw the deceased alive on **July 10, 1952**, and that death occurred at **1:00 P** m., from the causes and on the date stated above.

23A. SIGNATURE <b>E. Elmer Cole</b>		23B. ADDRESS <b>2431 Maryland Avenue</b>		23C. DATE SIGNED <b>7-17-52</b>	
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 17/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Woodlawn Balt Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 17 1952</b>		REGISTER'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>David R Martin</b>		ADDRESS <b>1902 Entaw place</b>	

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THE UNIVERSITY OF THE STATE OF NEW YORK  
OFFICE OF THE STATE ARCHIVIST

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6605**

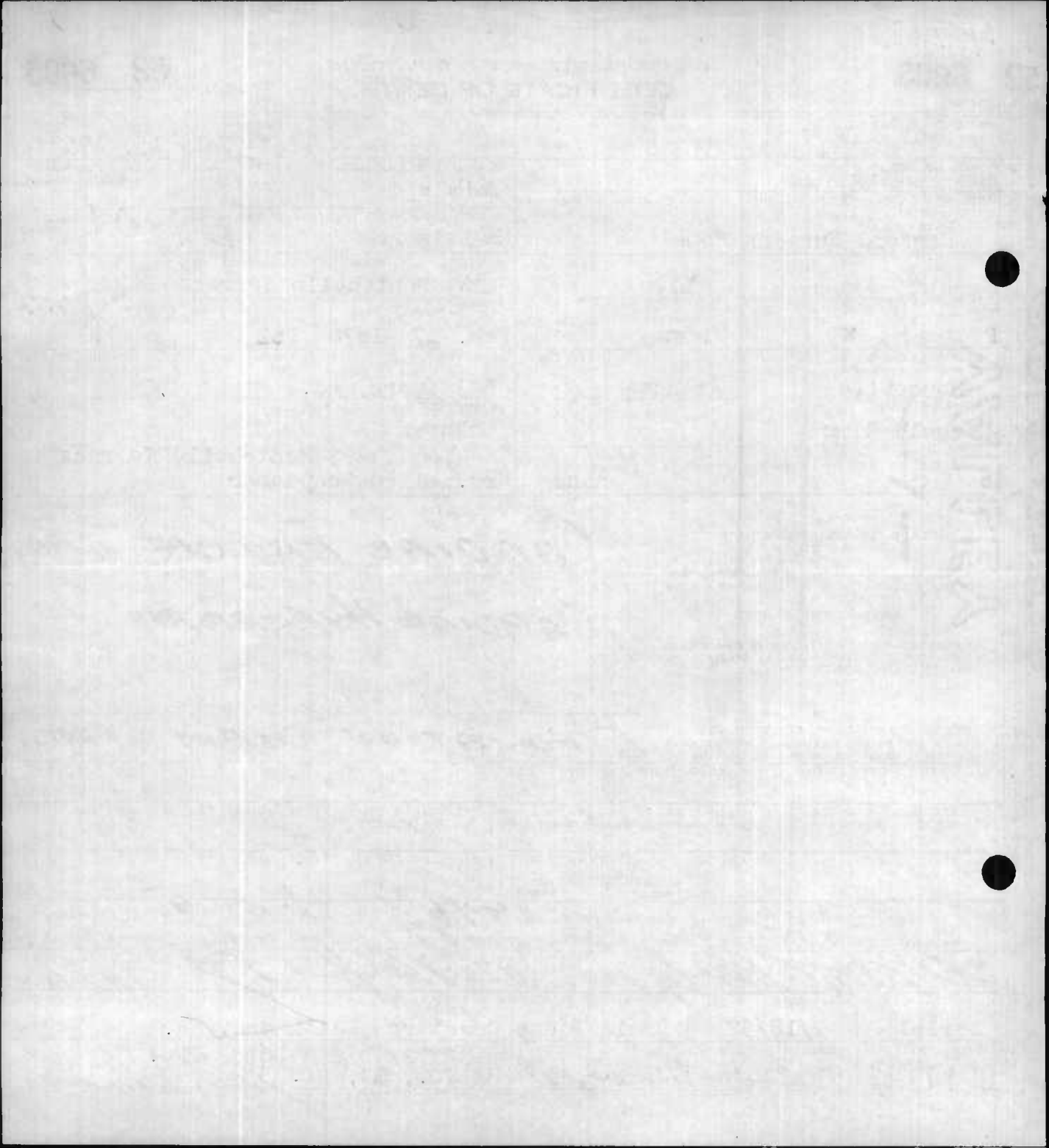
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MARY LOUISE WILSON</b>			2. DATE OF DEATH <b>July 15, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Harford Nursing Home</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>3223 Montebello Terrace</b>			E. LENGTH OF STAY IN BALTIMORE <b>Life</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Feb. 17, 1870</b>		9. AGE (In years last birthday) <b>82</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Leopold Gimm</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>3223 Montebello Terrace</b> <b>Mrs. Ellen Reapsomer</b>		

MEDICAL CERTIFICATION

18. <b>434.3</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CAUSE OF DEATH <b>CARDIAC FAILURE 4 MOS</b>  DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  <b>CARDIAC HYPERTROMY</b>  DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>EXFOLIATIVE DERM</b>  1 MO.		INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>1946</b> , 19 <b>52</b> , to <b>7/15</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7/15</b> , 19 <b>52</b> , and that death occurred at <b>7 p. m.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>Walter T. King</b>	23B. ADDRESS <b>4331 Harford Rd</b>	23C. DATE SIGNED <b>7/15/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>7/18/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Druid Ridge Cemetery</b>
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 17 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR & ADDRESS <b>HENRY SANDER &amp; SONS, INC.</b> <b>BALTO., MD.</b>
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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6606**

**625**  
BIRTH NO. **6606**

1. NAME OF DECEASED (Type or Print) <b>Katherine Dresham</b>		2. DATE OF DEATH <b>7/16/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>521 Scott St.</b>		C. CITY OR TOWN, (If outside corporate limits, write full name and give township) <b>Baltimore</b>	
Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>521 Scott St.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>12/25/1875</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	9. AGE (In years last birthday) <b>76</b>
13. FATHER'S NAME <b>John Boehm</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>	
11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>		14. MOTHER'S MAIDEN NAME <b>Matilda Sellman</b>	
17. INFORMANT <b>Mr Franklin H Dresham</b>		ADDRESS <b>610 St Scott</b>	

18. <b>420.1</b> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Uremia</b>		<b>4 days</b>
DUE TO (A)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Chronic Nephritis</b>		<b>1 year</b>
DUE TO (B)		
<b>Coronary Artery Disease</b>		<b>2 years</b>
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 14, 1951**, to **July 16, 1952**, that I last saw the deceased alive on **July 5, 1952**, and that death occurred at **8:00 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>John P. Mulock, Jr.</b>	M. O.	23B. ADDRESS <b>1227 Wash. Blvd</b>	23C. DATE SIGNED <b>7-16-52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/19/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Western Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Edmondson + Longwood</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 17 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>John J. Cowan + Son</b>

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52 6607BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6607

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Sister Mary Xavier O'Dea

2. DATE  
OF  
DEATH

7-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6420 Reisterstown Rd

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION The Seton Institute

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Pennsylvania V-35

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Moylan

D. STREET ADDRESS (If rural, give location)

Manchester Ave.

C. Length of stay in Baltimore

9 yrs., 8 mo. 22 days

5. SEX

F

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

9-27-'81

9. AGE (In years  
last birthday)

70

10 Under 1 Year  
Months: Days

10 9

11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Catholic Sister

10B. KIND OF BUSINESS OR  
INDUSTRY

Religious

11. BIRTHPLACE (State or foreign country)

Washington, D.C.

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Patrick J. O'Dea

14. MOTHER'S MAIDEN NAME

Anna A. Tobin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

no

(If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

Seton Institute, 6420 Reisterstown Rd.

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH.  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Coronary occlusion

2 yrl

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary sclerosis

10 years

(C)

Several arteriosclerosis + hyper-  
tension

15 years

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Psychosis with arteriosclerosis

10 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1942 to July 16, 1952 that I last saw the  
deceased alive on July 16, 1952, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 17 1952

Huntington Williams, M.D.

The Seton Institute, 6420 Reisterstown Rd., Catonsville, Md.

VS 150

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52 6608BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6608

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Harry A. Goetze		2. DATE OF DEATH July 15, 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INDUSTRY 2644 Harford Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md.	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2644 Harford Rd.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 17, 1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vault Keeper		10B. KIND OF BUSINESS OR INDUSTRY Safe Dep. Trust Co.	9. AGE (In years last birthday) 69
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Henry H.		14. MOTHER'S MAIDEN NAME Elizbeth Bach	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 213-10-3640	
17. INFORMANT Estelle Goetze		ADDRESS 2644 Harford Rd	
18. 350X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Hypostatic Pneumonia DUE TO (B) Parkinson Disease DUE TO (C)  INTERVAL BETWEEN ONSET AND DEATH 2 days - 1 year.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1950 to July 15, 1952, that I last saw the deceased alive on July 14, 1952, and that death occurred at 7 A. m., from the causes and on the date stated above.			
23A. SIGNATURE James E. White		23B. ADDRESS M. D. 5214 Harford Rd.	
23C. DATE SIGNED 16 July 52		23D. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/17/52	
24C. NAME OF CEMETERY OR CREMATORY Immanuel		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Paul A. Heemann		ADDRESS 6067 Harford Rd.	

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STANDARD INTERNATIONAL

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6609  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Jacob George Muhly

2. DATE OF DEATH July 11, 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Balto.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

29 E. West St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md.

D. STREET ADDRESS (If rural, give location)

29 E. West St.

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 4,

9. AGE (In years last birthday)

79

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Wholesale Paper

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Muhly

14. MOTHER'S MAIDEN NAME

Babara Fisher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

212-05-2954

17. INFORMANT

ADDRESS

Mrs. Clara Muhly 29 E. West St.

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Thrombosis

one week

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July 4, 1952 to July 11, 1952 that I last saw the deceased alive on July 11, 1952 and that death occurred at 10:10 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams

M. D.

23B. ADDRESS

517 Scott St.

23C. DATE SIGNED

July 15/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

July 15, 52

24C. NAME OF CEMETERY OR CREMATORY

Inmanuel Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUL 17 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Paul A. Hermann 6067 Harford Rd.

MEDICAL CERTIFICATION

Dr. Kates  
517 Scott St



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6610

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ella A Hil binger

2. DATE  
OF  
DEATH

7/14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Dundalk

D. STREET ADDRESS (If rural, give location)

16 Portship Rd 5353

Length of stay in Baltimore

11

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

5-6-68

9. AGE (In years  
last birthday)

83

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

CURTIS

14. MOTHER'S MAIDEN NAME

UNIK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

HERBERT G. HILBINGER- 30 LUZERNE AVE

18. 151X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) .....

DUE TO

Carcinoma of Stomach

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) .....

DUE TO

(C) .....

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Myocardial Insufficiency

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK22. I hereby certify that I attended the deceased from 6/23, 1952, to 7/14, 1952, that I last saw the  
deceased alive on 7/14, 1952, and that death occurred at 11:48 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Wes Miller

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

7/15/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

7/18/52

24C. NAME OF CEMETERY OR CREMATORY

SHERWOOD

24D. LOCATION (City, town, or county) (State)

COCKEYSVILLE, BALTA Co Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

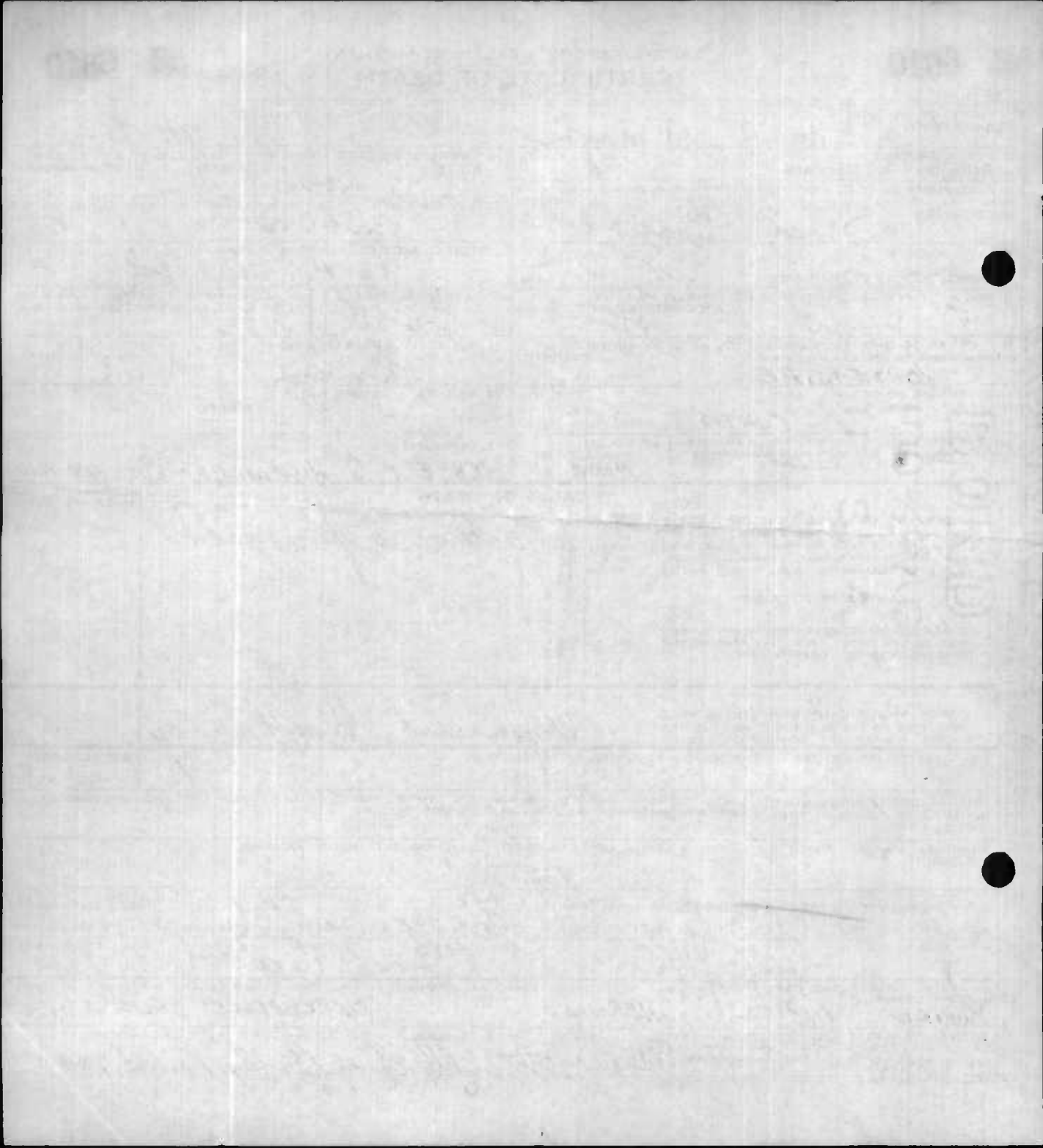
25. FUNERAL DIRECTOR

ADDRESS

JUL 17 1952

VS 150

MEDICAL CERTIFICATION



52 6611

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6611

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LOUIS AUGUST SCHULTZE

2. DATE  
OF  
DEATH

July 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

693 Gladstone Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

693 Gladstone Ave.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Commercial Artist

10B. KIND OF BUSINESS OR INDUSTRY

Lithographers

13. FATHER'S NAME

Louis A. Schultze

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

Sept. 3, 1875

9. AGE (In years last birthday)

76

11 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Caroline Plitt

17. INFORMANT

ADDRESS

Mrs. Emma T. Schultze - 693 Gladstone Av

18. 420.0 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute myocardial infarction

3 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary occlusion

3 days

(C) DUE TO

Arteriosclerotic heart disease

10 yrs

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1952, to July 14, 1952, that I last saw the deceased alive on July 14, 1952, and that death occurred at 9:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

C. Allan Spier

M. D.

23B. ADDRESS

4408 Loch Raven Blvd

23C. DATE SIGNED

16 July 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/17/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 17 1952

Huntington Williams, 1327

Wm. J. Tichner &amp; Sons

Balto 17, Md.

1000 20

1000 20 1000 20  
1000 20 1000 20

1000 20



# CERTIFICATE CORRECTED 2-22-52

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 6612

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William Rositer Hook

2. DATE  
OF  
DEATH

7/16/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Hood Convent Excellent Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md. Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 6300

D. STREET ADDRESS (If rural, give location)

2412 Poplar Drive

Length of stay in Baltimore

68 Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 11, 1884

9. AGE (in years  
last birthday)

68

If Under 1 Year  
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Head Clerk (rtd)

10B. KIND OF BUSINESS OR  
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Harry A. Miller-5413 Spring Lake Way

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Hypertensive Arteriosclerosis  
DUE TO Cardiovascular Disease &

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Left Ventricular Hypertrophy  
DUE TO x Muscular Dystrophy  
(C) x

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic  
Resolving Pneumonitis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from 7/14, 1952, to 7/16, 1952, that I last saw the  
deceased alive on 7/16, 1952, and that death occurred at 5:27 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

7/18/52

Lorraine Park Cem.

Woodlawn, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 17 1952

Huntington Williams, M.D. Wm. J. Lickner & Sons

290 50 00 Balto, Md.

MEDICAL CERTIFICATION

2000 30

ALBERT EINSTEIN

2000 30





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6613**

**630**  
**52 6613**

1. NAME OF DECEASED (Type or Print) <b>BERNARD FORD</b>		2. DATE OF DEATH <b>7/12/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>md.</b> B. COUNTY <b>city</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. LENGTH OF STAY IN BALTIMORE		D. STREET ADDRESS (If rural, give location) <b>610 - W. Hoffman St</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 25 1898</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		9. AGE (in years last birthday) <b>53</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>Public</b>		11. BIRTHPLACE (State or foreign country) <b>S. C.</b>	
13. FATHER'S NAME <b>Willie P. Ford</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <b>Anttie Suitcase</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Frank Ford - 18 Ave. Brooklyn</b>	

<p>18. <b>E 903.5</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center"><b>CAUSE OF DEATH</b></p> <p>(A) <b>BRONCHOPNEUMONIA</b></p> <p align="center"><b>ANTECEDENT CAUSES</b></p> <p>(B) <b>CEREBRAL SOFTENING</b></p> <p align="center"><b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</b></p> <p>(C) <b>Subdural Hematoma.</b></p> <p align="center"><b>II</b></p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
--	---

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>street?</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Unknown</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>about June 15, 1952</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Apparently fell to pavement</b>	
<p>22. I certify that I took charge of the remains described above, held an <b>autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/>, accident <input checked="" type="checkbox"/>, suicide <input type="checkbox"/>, homicide <input type="checkbox"/>, undetermined <input type="checkbox"/>.</p>					
23A. SIGNATURE <b>R. S. Fisher</b>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <b>7/13/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7-17-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt Auburn</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, M.D.</b>		ADDRESS <b>918 - N 854.2 68352 Union Hill Ave.</b>	
<p>DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 17 1952</b></p>					

MEDICAL CERTIFICATION

1433 54

THEY ARE NOT TO BE USED  
CENTRAL TO THE STATE

1433 54

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6614**

**645**  
52 6614

1. NAME OF DECEASED (Type or Print) <b>FREERLAND, LAURENCE</b>			2. DATE OF DEATH <b>7-14-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>BALTO.</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Franklin Square Hosp.</b>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTO.</b>		
7. Length of stay in Baltimore <b>4 1/2 yrs</b>			8. STREET ADDRESS (If rural, give location) <b>603 N. Appleton St.</b>		
9. SEX <b>M</b>	10. COLOR OR RACE <b>Colored</b>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Separated</b>	12. DATE OF BIRTH <b>8-11-1910</b>		13. AGE (In years last birthday) <b>41</b>
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		15. KIND OF BUSINESS OR INDUSTRY <b>Meat Packing</b>		16. BIRTHPLACE (State or foreign country) <b>md</b>	
17. FATHER'S NAME <b>Julius</b>			18. MOTHER'S MAIDEN NAME <b>Martin</b>		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>unknown</b>		20. SOCIAL SECURITY NO.		21. INFORMANT <b>Hosp. Chart</b>	
22. ADDRESS					

18. **E917.3** CAUSE OF DEATH  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  
**Burns, 2<sup>nd</sup> + 3<sup>rd</sup>, 65% Body Area**  
DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

CERTIFICATION APPROVED BY

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Mangers Packing Co</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>124 S Franklintown Rd</b>	
21D. TIME (Month) (Day) (Year) (Hour) <b>7/13/52 11:20 a.m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>slipped and fell into Soldering Vat</b>	
22. I hereby certify that I attended the deceased from <b>6/23</b> 19 <b>52</b> , to <b>7-14</b> 19 <b>52</b> , that I last saw the deceased alive on <b>7-14</b> 19 <b>52</b> , and that death occurred at <b>10:30</b> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <b>M. S. Udeler</b>		23B. ADDRESS <b>Mr. E. C. Corp</b>		23C. DATE SIGNED <b>7-14-52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 17 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore Natl. Cemetery, Md.</b>	
24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 17 1952</b>			
24F. REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		24G. FUNERAL DIRECTOR <b>W. L. Smith</b>			
24H. ADDRESS <b>1631 Smith Hill Ave</b>					

VS 150  
**N948.2**  
**97340**

MEDICAL CERTIFICATION

*[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]*

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 52 6615

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN WALTER WEBB

2. DATE  
OF  
DEATH

July 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1303 Edmondson Ave.

Length of stay in Baltimore

9 years  
Yrs. Mos. Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 1, 1905

9. AGE (in years last birthday)

47

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR INDUSTRY

Bethlehem Steel

11. BIRTHPLACE (State or foreign country)

Emporia, Va.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William Webb

14. MOTHER'S MAIDEN NAME

Sarah Hackaday

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Sutton Webb

18. ADDRESS

1608 Edmondson Ave.

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dineen

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

July 16, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

July 16, 1952

24C. NAME OF CEMETERY OR CREMATORY

Put. Family Plot

24D. LOCATION (City, town, or county)

St. Johns, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

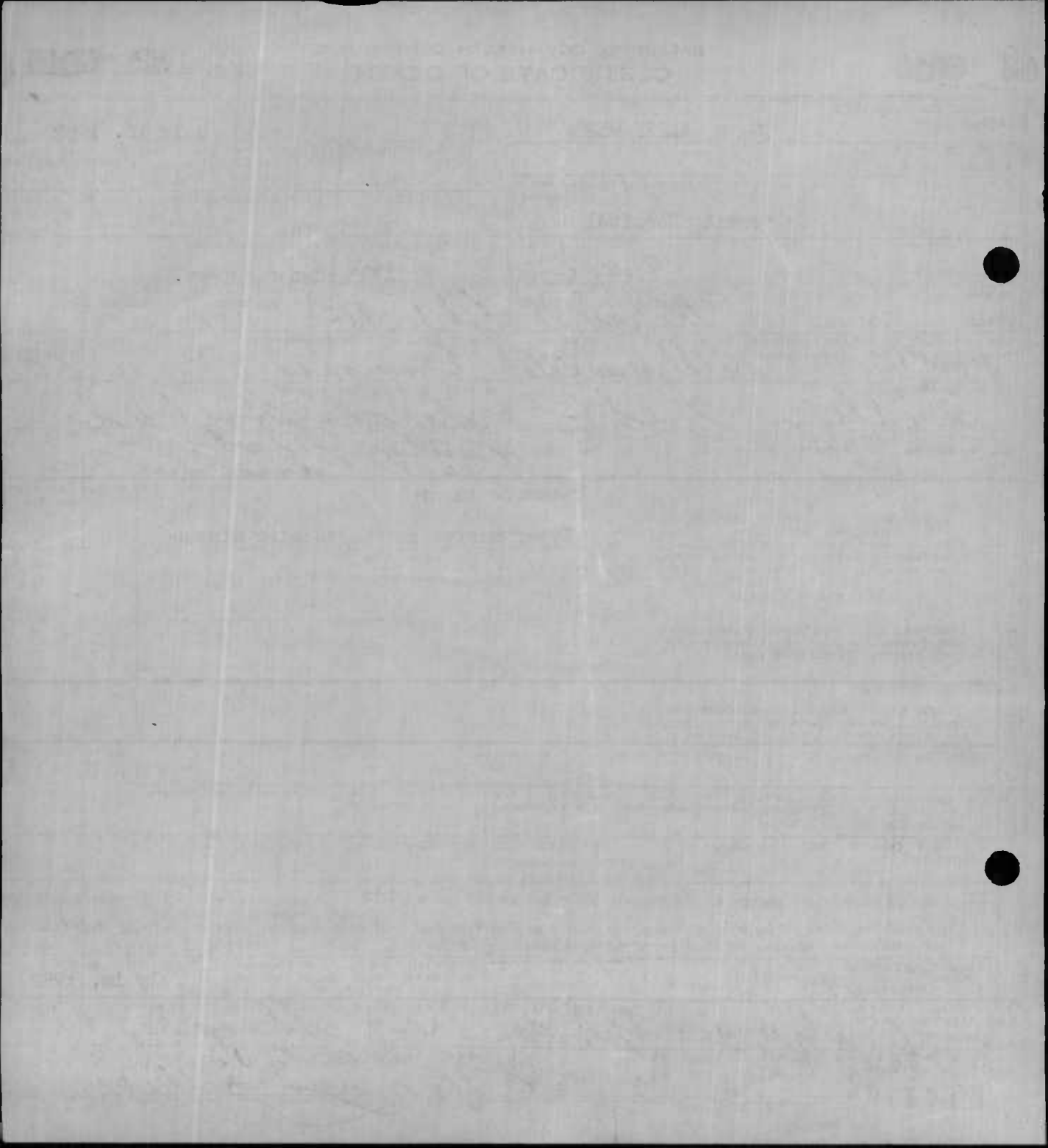
Huntington Williams

25. FUNERAL DIRECTOR

6631 David Hill Ave.

VS 151

7803A



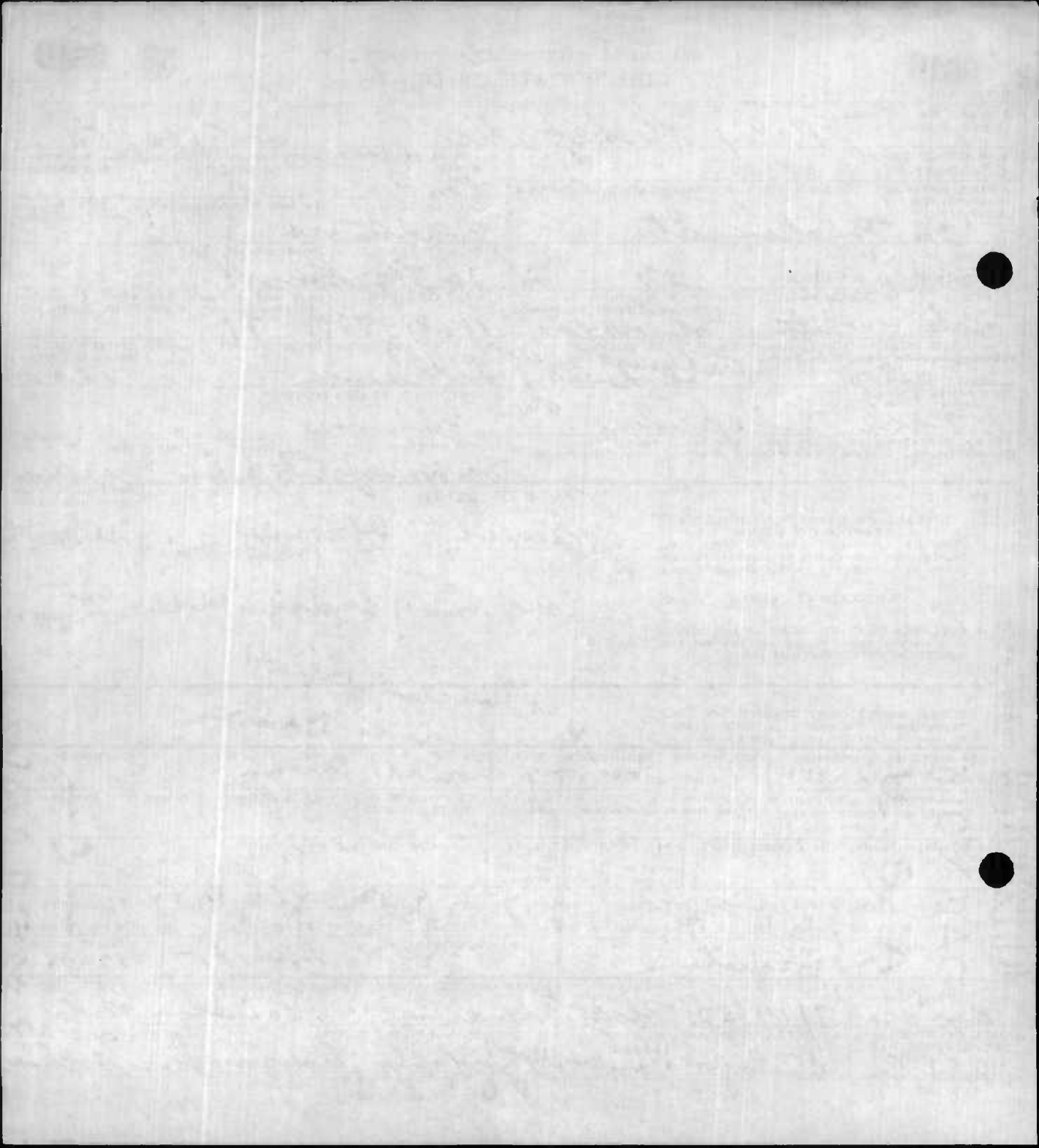


BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6616

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Felix Chepulis</i>		2. DATE OF DEATH <i>7/16/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>36 Parkin St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>18-03</i>	
D. STREET ADDRESS (If rural, give location) <i>36 Parkin St</i>		E. LENGTH OF stay in Baltimore <i>50</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>11/28/1890</i>
9. AGE (in years last birthday) <i>71</i>		10. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
11. BIRTHPLACE (State or foreign country) <i>Lithuania</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Felix Chepulis</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Mrs Marie J. Chepulis</i>		ADDRESS <i>36 Parkin St</i>	
18. I <i>153X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Generalized Abdominal metastasis</i> DUE TO <i>Carcinoma of Sigmoid &amp; Bladder</i> DUE TO <i>at University Hospital</i> DUE TO <i>Swiss Metastasis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>ser. months</i> <i>about one year</i>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>II</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>about April 1952</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Sigmoid &amp; Bladder -</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 9, 1952</i> to <i>July 16, 1952</i> , that I last saw the deceased alive on <i>July 16, 1952</i> , and that death occurred at <i>11:20 p.m.</i> , from the cause, and on the date stated above.			
23A. SIGNATURE <i>S. Higginson</i>		23B. ADDRESS <i>888 W. Lombard St</i>	
23C. DATE SIGNED <i>7-17-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7/19/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer Cem</i>		24D. LOCATION (City, town, or county) (State) <i>4430 Belair Rd. Baltimore Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 17 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
FUNERAL DIRECTOR <i>John J. Cowan &amp; Son</i>		ADDRESS <i>901 St. Johns</i>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6617**

BIRTH NO. **560**

1. NAME OF DECEASED  
(Type or Print)

**Alice E. Keener**

2. DATE  
OF  
DEATH

**July 15, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

**Cambridge Arms Apts.**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE **Maryland**

B. COUNTY **none**

C. CITY OR TOWN

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**Cambridge Arms Apartments**

E. Length of stay in Baltimore

**life**  
Yrs.  
Mos.  
Days

5. SEX

**female**

6. COLOR OR RACE

**white**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**single**

8. DATE OF BIRTH

**Feb. 15, 1865**

9. AGE (In years  
last birthday)

**87**

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

**none**

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Baltimore, Md.**

12. CITIZEN OF  
WHAT COUNTRY?

**U. S.**

13. FATHER'S NAME

**Augustus D. Keener**

14. MOTHER'S MAIDEN NAME

**Elizabeth Williams**

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**Miss Elizabeth Hastings- Cambridge Arms Apt**

18. **420.0 and E 903.0** CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) **Arteriosclerotic Heart Disease**

**2 yrs.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) **Arteriosclerosis**

**? yrs.**

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

**Fractured hip - 11**

CERTIFICATION APPROVED BY  
**Stanley K. Dunsen**  
M. D.  
CHIEF OR ASST. MEDICAL EXAMINER

**15 mos**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

**home**

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

**Cambridge Arms apt**

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

**4/17/52**

m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐

NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

**slipped on rug & fell to floor**

22. I hereby certify that I attended the deceased from **1940**, to **July 15, 1952** that I last saw the  
deceased alive on **July 15, 1952**, and that death occurred at **10 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

**Francis W. Glueck**

M. D.

23B. ADDRESS

**100 W. University Parkway**

23C. DATE SIGNED

**7/16/52**

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

**Burial**

24B. DATE

**7 - 18 - 52**

24C. NAME OF CEMETERY OR CREMATORY

**Loudon Park**

24D. LOCATION (City, town, or county)

**Baltimore, Md.**

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS

**John O. Mitchell & Sons, Inc. - 1900 Eutaw Place**

**JUL 17 1952**

VS 150

**N 820.0**

**1952**

**John O. Mitchell**

MEDICAL CERTIFICATION

7100 32

REGISTERED DEATHS IN FLORIDA  
CERTIFIED COPY

1917

DEATH CERTIFICATE

NAME

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

TIME OF DEATH

TEMPERATURE

PULSE

BLOOD PRESSURE

RESPIRATIONS

DIET

SMOKING

ALCOHOL

DRUGS

OTHER

REMARKS

SIGNATURE

DATE

PLACE

STATE

COUNTY

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6618**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Grace Snyder Barry</b>		2. DATE OF DEATH <b>7/15/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union Memorial Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto. 27-13</b>	
C. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>729 Gladstone Ave.</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>8/4/1890</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		9. AGE (In years last birthday) <b>61</b>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Balto, Md.</b>	
13. FATHER'S NAME <b>John J. Snyder</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <b>Rosebaird Snyder</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>George E. Barry</b>	
		ADDRESS <b>3803 Kimble Rd.</b>	

18. <b>154X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Generalized peritonitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>
DUE TO		
18. <b>II</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Perforation recto sigmoid</b>		<b>7 days</b>
DUE TO		
18. <b>III</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Carcinoma recto sigmoid.</b>		<b>?</b>

19A. DATE OF OPERATION <b>9/8/52</b>		19B. MAJOR FINDINGS OF OPERATION <b>Absc. appendix</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **7/8/52**, 19\_\_, to **7/15/52**, 19\_\_, that I last saw the deceased alive on **7/15/52**, 19\_\_, and that death occurred at **10:15 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>E. A. D. Mattorn</b>		23B. ADDRESS <b>Union Memorial Hosp.</b>		23C. DATE SIGNED <b>7-15-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 17, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine</b>	
24D. LOCATION (City, town or county) (State) <b>Woodlawn Md.</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, Mr. John O. Mitchell &amp; Sons Inc.</b>		ADDRESS <b>1900 Eutaw Pl.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 17 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		26. FUNERAL DIRECTOR <b>John O. Mitchell &amp; Sons Inc.</b>	

NO. 11111111



252  
BZK- 123210BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6619

1. NAME OF DECEASED  
(Type or Print)

Earl Nickens

2. DATE  
OF  
DEATH

7-14-52

## 3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONBaltimore City Hospital  
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1351 N. Carey St.

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 5, 1926

9. AGE (in years  
last birthday)

26

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR  
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Edward Nickens

14. MOTHER'S MAIDEN NAME

Elizina Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

B.C.H. Records

ADDRESS

4940 Eastern Ave.

18. 356.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Broncho-pneumonia acute

1 week

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Amyotrophic lateral sclerosis

2 years

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-23, 1948, to 7-14, 1952, that I last saw the  
deceased alive on 7-14, 1952, and that death occurred at 9:40 Am., from the causes and on the date stated above.

23A. SIGNATURE

P. S. Rozen M. O.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

7-16-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/20/52

24C. NAME OF CEMETERY OR CREMATORY

Lancaster

24D. LOCATION (City, town, or county)

Lancaster Co. Va.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 17 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

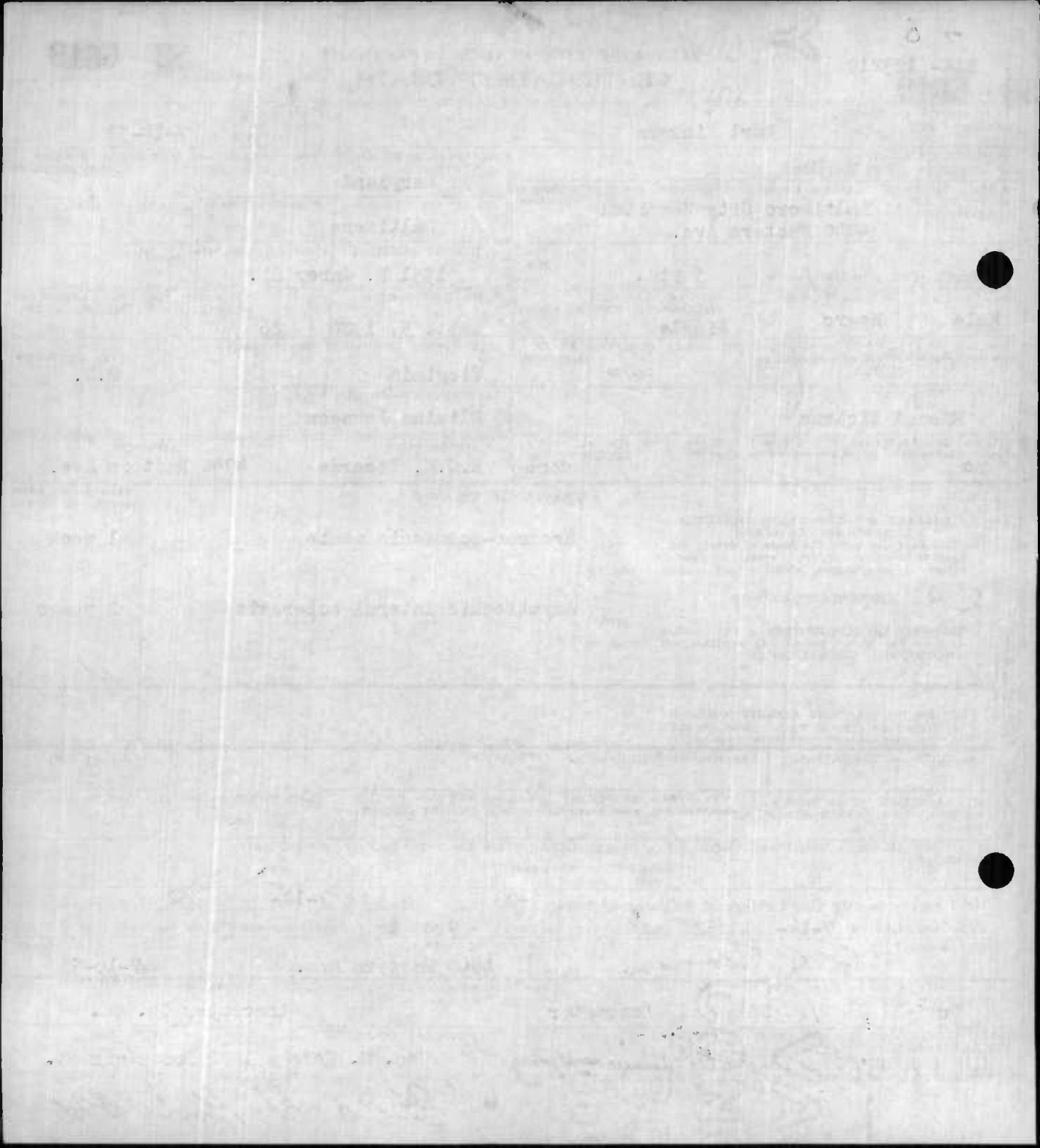
25. FUNERAL DIRECTOR

Geo. G. Kelson 1303 Presstman St.

ADDRESS

VS 150

Geo. G. Kelson



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 52 6620

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ROBERT JOHNSON

2. DATE  
OF  
DEATH

July 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution; residence  
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

627 Pitcher St.

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9/27/1929

9. AGE (in years  
last birthday)

22

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Sew

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Robert Johnson

14. MOTHER'S MAIDEN NAME

Lola Nedeem

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

?

17. INFORMANT

Evelyn Johnson

ADDRESS

627 Pitcher St.

18. E902.3

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Fracture of skull

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Charles St. at Notre Dame College

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

July 16, 1952 a.m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☒NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

ground  
Scaffold collapsed and he fell to22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dureacher

M.D.

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

July 16, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/19/52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county)

Arbutus, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

V S 151

N803.2

09597099

1303 Pressman

Correct age is important. In instances, please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6621**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**EDWARD STEVENSON**

2. DATE  
OF  
DEATH

**July 15, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**Franklin Square Hospital**

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

**Md.**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write R.R. and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**805 W. Fayette St.**

5. SEX

**Male**

6. COLOR OR RACE

**Colored**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**M**

8. DATE OF BIRTH

**1909**

9. AGE (In years last birthday)

**43**

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Porter**

10B. KIND OF BUSINESS OR INDUSTRY

**?**

11. BIRTHPLACE (State or foreign country)

**Balto Md.**

12. CITIZEN OF WHAT COUNTRY?

**USA**

13. FATHER'S NAME

**Unknown**

14. MOTHER'S MAIDEN NAME

**Unknown**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**no**

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Josephine Forrester 1301 Myrtle Ave**

18. **E 916.0 and 322.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, apoplexy, etc. It means the disease, injury or complication which caused death.)

(A) **1st, 2nd, 3rd degree burns of trunk and face**

~~XXXXX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Asphyxia due to carbon monoxide**

~~XXXXX~~

(C) **Acute alcoholism**

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

**home**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

**805 W. Fayette St.**

**18/1**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

**July 15, 1952**

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

**Burned in his house that was on fire**

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**Stanley H. Duncanson M.D.**

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED **July 16, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**7/19/52**

24C. NAME OF CEMETERY OR CREMATORY

**1st Auburn**

24D. LOCATION (City, town, or county)

**Balto. Md.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**JUL 17 1952**

**Huntington Williams M.D.**

**Geo. H. Kelson 1303 Presstman St.**

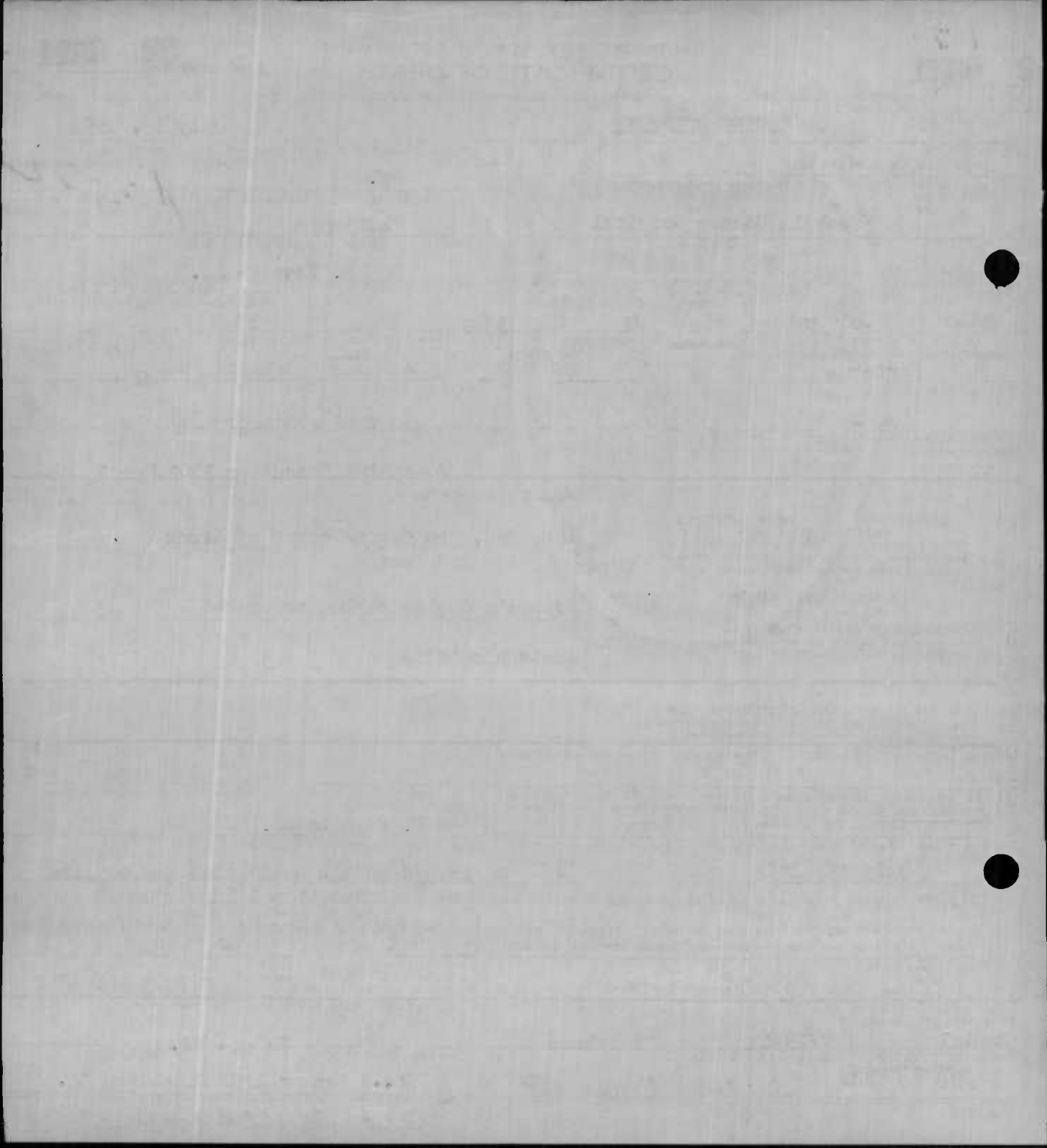
V S 151

**N-948.2**

**780 99**

**Geo. H. Kelson**

correct age is especially important. Physicians, please write the cause of death clearly and legibly.





52 6622

52 6622

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)*George R. Ebert*2. DATE  
OF  
DEATH*July 17, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*Del 6*B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION*JOHNS HOPKINS HOSPITAL*4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

*md.*

B. COUNTY

*Frederick*

C. CITY OR TOWN

*Frederick*

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

*103 W. 3rd St.**6011*

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

*male*

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)*Single*

8. DATE OF BIRTH

*8/12/1911*9. AGE (in years  
last birthday)*40*If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.*11 5*10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)*Electrician*10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?*USA*

13. FATHER'S NAME

*Edward C Ebert*

14. MOTHER'S MAIDEN NAME

*Annie Kuff*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)*Yes*

(If yes, give war or dates of service)

*World War #2*16. SOCIAL  
SECURITY NO.*214-40-5404*

17. INFORMANT

*JOHNS HOPKINS HOSPITAL*

ADDRESS

18. *401.3*

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) *Pulmonary infarction or pneumonia*

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) *Rheumatic heart disease*

DUE TO

(C) *Rheumatic fever*

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7-16*, 19*52*, to *7-17*, 19*52*, that I last saw the  
deceased alive on *7-17*, 19*52*, and that death occurred at *1:35 A* m., from the causes and on the date stated above.

23A. SIGNATURE

*Louise S. Plummer*

M. D.

23B. ADDRESS

*JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED

*7-17-52*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)*Burial*

24B. DATE

*7/19/52*

24C. NAME OF CEMETERY OR CREMATORY

*Mt Olivet Cemetery*

24D. LOCATION (City, town, or county)

*Frederick Md*

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams*

25. FUNERAL DIRECTOR

*C. E. Elmer Person*

ADDRESS

*Frederick Md**515246619*



52 6623

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6623

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary Lunak

2. DATE  
OF  
DEATH

7-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 500 N. Kenwood Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

500 N. Kenwood Ave.

C. Length of stay in Baltimore

60 yrs.

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

September 8, 1874

9. AGE (In years  
last birthday)

77 yrs.

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR  
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

no

(If yes, give war or dates of service)

no

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

George F. Lunak, 500 N. Kenwood Avenue,.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, ashenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Cerebral Hemorrhage

Chm. Myocarditis

Hypertensive Cardiovascular Disease

7-13-52

Jan. 1, 49

Jan. 1943

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1943, to July 11, 1952, that I last saw the  
deceased alive on July 4, 1952, and that death occurred at 6:00 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7-13-52

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

24D. LOCATION (City, town, or county)

Horners's Lane,.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 17 1952

Huntington Williams, M.D.

Schimunek Funeral Home,

2601-02-03 E. Madison Street,.

CERTIFICATE OF DEATH

<p>1. NAME OF DECEASED                  [Faint, illegible text]</p>		<p>2. SEX                  [Faint, illegible text]</p>	
<p>3. AGE                  [Faint, illegible text]</p>		<p>4. DATE OF BIRTH                  [Faint, illegible text]</p>	
<p>5. PLACE OF BIRTH                  [Faint, illegible text]</p>		<p>6. OCCUPATION                  [Faint, illegible text]</p>	
<p>7. MARITAL STATUS                  [Faint, illegible text]</p>		<p>8. CAUSE OF DEATH                  [Faint, illegible text]</p>	
<p>9. DATE OF DEATH                  [Faint, illegible text]</p>		<p>10. PLACE OF DEATH                  [Faint, illegible text]</p>	
<p>11. SIGNATURE OF DECEASED                  [Faint, illegible text]</p>		<p>12. SIGNATURE OF WITNESS                  [Faint, illegible text]</p>	
<p>13. SIGNATURE OF PHYSICIAN                  [Faint, illegible text]</p>		<p>14. SIGNATURE OF CORONER                  [Faint, illegible text]</p>	



-500

52 6624

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6624

1. NAME OF DECEASED (Type or Print) <i>Barbara Mihur</i>			2. DATE OF DEATH <i>7-14-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto City</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Balto City</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Windsor Nursing Home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>3025 Windsor Dr</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location)		
5. SEX <i>F</i>	6. COLOR OR RACE <i>WS</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Aug 11 1892</i>	9. AGE (In years last birthday) <i>70</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore City</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>George Kaser</i>			14. MOTHER'S MAIDEN NAME <i>Mgt Heffner</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Florence Eumenich</i>			ADDRESS <i>2305 Amawalk Rd Balto City</i>		

18. <i>171X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Cerebral of Corp</i> DUE TO (B) <i>Hypertension C.V.D.</i> DUE TO (C) <i>Hemiplegia</i>	INTERVAL BETWEEN ONSET AND DEATH <i>8 year</i> <i>8 year</i> <i>5 year</i>
---	--	---

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>Jan 12</i> , 19 <i>44</i> to <i>July 14</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>July 12</i> , 19 <i>52</i> , and that death occurred at <i>7 P</i> m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Paul Delafeld</i>	23B. ADDRESS <i>1201 Campbell St</i>	23C. DATE SIGNED <i>7/16/52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7-18-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lowdon Ph</i>	24D. LOCATION (City, town, or county) (State) <i>Fredrick Ave</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 17 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Edward Foulson</i>	ADDRESS <i>Balto City</i>

1984

15

INSTITUTIONAL DATA REPORT

CENTRAL CASE OF DEATH

1984

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300  
52 6625BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered 52 6625

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HATTIE LEITH

2. DATE  
OF  
DEATH

JULY 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

Balto. City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3410 Hamilton Ave.

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7/23/1875

9. AGE (In years last birthday)

76

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AT Home

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

SCOTT—WHITACRE

14. MOTHER'S MAIDEN NAME

CATHERINE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

—

17. INFORMANT

ADDRESS

Mrs. Ruby Liller-3410 Hamilton

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Accident

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Bronchogenic Carcinoma

?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

7/9/52

19B. MAJOR FINDINGS OF OPERATION

Advanced Carcinoma of Lung &amp; Metastasis

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/6/52, 19, to 7/16/52, 19, that I last saw the deceased alive on 7/16/52, 19, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

H. H. Hildreth, M.D.

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

7/16/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

7-19-52

24C. NAME OF CEMETERY OR CREMATORY

FAIRVIEW CEMETERY

24D. LOCATION (City, town, or county)

BALTO

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Luck 5305 Bayford

JUL 17 1952

VS 150

6625

MEDICAL CERTIFICATION

1955-1956

DEATH

CERTIFICATE

1955-1956

1955-1956

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1955-1956

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6626  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Annie Bertha McKinney

2. DATE

OF  
DEATH

July 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2220 McCulloh St.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

2220 McCulloh St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2220 McCulloh St.

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 17, 1892

9. AGE (In years  
last birthday)

60

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

domestic

11. BIRTHPLACE (State or foreign country)

Vincent, Ala.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Kidd

14. MOTHER'S MAIDEN NAME

Mary Pruitt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

Roy McKinney

18. 420.1 and 260x

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Coronary Thrombosis  
DUE TO Hypertension, Cardio-vascular  
disease, and Diabetis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/29/50, 19, to 7/15/52, 19, that I last saw the  
deceased alive on 7/11/52, 19, and that death occurred at 69 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

7/20/52

Bakers Grove

Cresswell, Ala.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 17 1952

Huntington Williams, M.D.

Wm. Reese, 14108 Washington St.

Annapolis, Md.

VS 150

7208A

MEDICAL CERTIFICATION



BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN JOSEPH RAUM

2. DATE  
OF  
DEATH

7-15-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2517 Garrett Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2517 Garrett Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1876

9. AGE (in years  
last birthday)

76

10 Under 1 Year  
Months; Days11 Under 24 Hours  
Hours; Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Green Spring Dairy

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John C. Raum

14. MOTHER'S MAIDEN NAME

Margaret M.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

216-10-3798

17. INFORMANT

Mr. Jos. Fetsch-

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Arteriosclerotic  
DUE TO Cardio-Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) ...  
DUE TO  
(C) ...II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from June 30, 1952 to July 15, 1952 that I last saw the  
deceased alive on July 15, 1952 and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

7-18-52

Cathedral Cem

City

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 17 1952

Huntington Williams, M.D.

Frederick J. Greenbaum

422 N. 22nd St.

100

100

WATKINS

WATKINS

WATKINS

WATKINS

WATKINS



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6628  
Registered No. \_\_\_\_\_

BIRTH NO. 52 6628

1. NAME OF DECEASED (Type or Print) <b>HENRY F. GERSTMAYER</b>			2. DATE OF DEATH <b>7-15-52 12:01 AM</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>MARYLAND</b> b. COUNTY <b>BALTIMORE</b>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNION MEMORIAL HOSPITAL</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 18 9-01</b>		
Length of stay in Baltimore ____ yrs. ____ Mos. ____ Days			d. STREET ADDRESS (If rural, give location) <b>802 CATOR AVENUE</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>7-23-1884 68 1/2</b>		9. AGE (in years last birthday) <b>68 1/2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNEMPLOYED</b>	11. BIRTHPLACE (State or foreign country) <b>GERMANY</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>FREDERICK GERSTMAYER</b>			14. MOTHER'S MAIDEN NAME <b>MARY HANNIBAL</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>? ? ? ?</b>		16. SOCIAL SECURITY NO. <b>212-01-12574</b>	17. INFORMANT <b>WIFE</b> ADDRESS <b>SAME</b>		

18. <b>260X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <b>Cerebral Vascular Accident</b> DUE TO (B) <b>diabetes mellitus</b> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH	
	19a. DATE OF OPERATION <b>0</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. HOW DID INJURY OCCUR?	
21e. TIME (Month) (Day) (Year) (Hour) OF INJURY	21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21g. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7/13/52</b> , 19 <b>52</b> , to <b>7-15</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7-14</b> , 19 <b>52</b> , and that death occurred at <b>12:01 AM</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. B. Vincent, M.D.</b>		23b. ADDRESS <b>UNION MEMORIAL HOSP.</b>	
23c. DATE SIGNED <b>7-15-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/18/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 17 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>John A. Moran</b>	ADDRESS <b>3000 E. Baltimore St</b>
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515246

8288 52

8288 52



**CERTIFICATE CORRECTED**  
BALTIMORE CITY HEALTH DEPARTMENT  
**CERTIFICATE OF DEATH**

52 6629  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MARVIN RUDDLE</b>			2. DATE OF DEATH <b>July 16, 1952</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Md.</b> b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) <b>South Baltimore General</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>24-02</b>		
length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <b>600 E. Clement St.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>Apr. 6, 1904</b>		9. AGE (In years last birthday) <b>50 48</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PAINTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SHIP BUILDING</b>	11. BIRTHPLACE (State or foreign country) <b>W. VA.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>H. L. RUDDLE</b>			14. MOTHER'S MAIDEN NAME <b>CORA DOVE</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>236-20-0116</b>	17. INFORMANT ADDRESS <b>Glen Ruddle, Riverton, W. Va.</b>		

18. <b>581.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Fatty liver</b> DUE TO (A) <b>Fatty liver</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) <b>Chronic alcoholism</b> DUE TO (C)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED m. WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21f. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE <i>Stanley S. Dunbar</i> M.D.		23b. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23c. DATE SIGNED <b>July 16, 1952</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>7-20-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SIMMONS CEMETERY</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 18 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>G. H. Brown Franklin, W. Va.</i>	

CERTIFICATE OF DEATH

10000000

10000000



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6630  
Registered No. \_\_\_\_\_

BIRTH NO. *635* *52* *6630*

1. NAME OF DECEASED (Type or Print) <i>Martha Martin</i>		2. DATE OF DEATH <i>July 17, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>No. Carolina</i> B. COUNTY <i>V-20</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Waynesville</i>	
6. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>308 Richland St</i>	
7. SEX <i>Female</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH <i>March 4, 1952</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		12. AGE (In years last birthday) <i>4 13</i>	
13. FATHER'S NAME <i>Fred Martin</i>		14. BIRTHPLACE (State or foreign country) <i>North Carolina</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. MOTHER'S MAIDEN NAME <i>Ruth McCoy</i>		18. CITIZEN OF WHAT COUNTRY?	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>none</i>		20. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

19. *754.4* I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
*Congenital Heart Disease*  
DUE TO \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH  
*4 months*

**II ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_  
(C) \_\_\_\_\_

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>July 17, 1952</i>		19B. MAJOR FINDINGS OF OPERATION <i>Same</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *7/2*, 19*52*, to *7/17*, 19*52*, that I last saw the deceased alive on *7/17*, 19*52*, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23A. SIGNATURE *James Haddley, M.D.* 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED *July 17, 52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Removal* 24B. DATE *July 18, 1952* 24C. NAME OF CEMETERY OR CREMATORY *Greenhill Cem.* 24D. LOCATION (City, town, or county) (State) *Waynesville N.C.*

DATE RECEIVED BY LOCAL REGISTRAR *JUL 18 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* FUNERAL DIRECTOR *Philip H. Newby, Inc.* ADDRESS *2024 Orleans St.*

THE HONORABLE SECRETARY OF THE  
DEPARTMENT OF HEALTH

*[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page.]*



52 6631

SCHNURMAN  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6631

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Harry Schnurman

2. DATE  
OF  
DEATH

7/16/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

4613 Park Heights Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 4-02

D. STREET ADDRESS (If rural, give location)

716 W. Lexington St.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov 1887

9. AGE (In years last birthday)

64

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Real Estate

11. BIRTHPLACE (State or foreign country)

London England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

(Unknown) Schnurman

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Helen M. Henkel 146 N. Orange St. N.Y.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral thrombosis

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

arterio-sclerosis

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 1952, to July 16, 1952, that I last saw the deceased alive on July 16, 1952, and that death occurred at 5 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Harry Schnurman

23B. ADDRESS

2607 Wilkins Ave

23C. DATE SIGNED

July 17, 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/18/52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUL 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Wm Cook Inc. 1217 St. Paul St.

ADDRESS

1950

25

DEPARTMENT OF THE ARMY

OFFICE OF THE CHIEF OF STAFF

1951



523

52 6632

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6632

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CONSIDINE, MILDRED

2. DATE  
OF  
DEATH

7-16-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

FRANKLIN SQUARE HOSP

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

f

6. COLOR OR RACE

W

7. SINGLE, ~~MARRIED~~  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5-10-1904

9. AGE (In years  
last birthday)

48

10. Under 1 Year  
Months Days Hours Min.

2 6

10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Nurse

10b. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO, MD

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

MARGARET WRIGHT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Hosp. CHART

18. 171X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Generalized Carcinomatosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Carcinoma of Cervix, grade IV

DUE TO

(C)

8 mo.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 7-16, 1952, to 7-16, 1952, that I last saw the  
deceased alive on 7-16, 1952, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE

M. Lindel

M. D.

23b. ADDRESS

Franklin Square Hosp

23c. DATE SIGNED

7-16-52

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24b. DATE

7/19/52

24c. NAME OF CEMETERY OR CREMATORY

London &amp; K. Cem.

24d. LOCATION (City, town, or county)

BALTO.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm Croh Inc. 1217 St Paul St

VS 150

(cleaned by med. ex) 520506629

*[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]*

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6633  
Registered No. \_\_\_\_\_

52 6633  
BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>MRS. ALICE TRIESCHMAN</b>			2. DATE OF DEATH <b>16 July 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALT</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hosp. for Women of Md.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 19-02</b>		
6. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>1400 W. Lexington St.</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>OCT 29 1863</b>		9. AGE (in years last birthday) <b>88</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10B. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) <b>RANDALLSTOWN Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>American</b>
13. FATHER'S NAME <b>William C. O'Dell (Deceased)</b>			14. MOTHER'S MAIDEN NAME <b>Elizabeth Choate</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <b>331X and 175X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH  (A) <b>Pulmonary edema 2ndary to Cerebro-Vascular Accident, Rt. with Hemiplegia Left.</b> (B) <b>Arteriosclerosis, Generalized.</b> (C) _____	INTERVAL BETWEEN ONSET AND DEATH  <b>43 hours</b>  <b>many years.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT. <b>① CARCINOMA of OVARY 2 metastasis</b>			

MEDICAL CERTIFICATION

19A. DATE OF OPERATION <b>July 10 &amp; July 14</b>		19B. MAJOR FINDINGS OF OPERATION <b>Chronic Cervicitis Left Inguinal Herniorrhaphy</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <b>No</b>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3 July 1952** to **16 July 1952**, that I last saw the deceased alive on **16 July 1952**, and that death occurred at **10:45 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Emerson F. Fackler</b>	M. D.	23B. ADDRESS <b>Women's Hosp. Balt Md</b>	23C. DATE SIGNED <b>16 July 1952</b>
---	-------	--	---

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/19/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Paran Cem</b>	24D. LOCATION (City, town, or county) (State) <b>Randallstown Balt Co.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 18 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR ADDRESS <b>Wm Croh Inc 1217 N Oak St.</b>	

52 6633

5000 52

5000 52

*[Faint, illegible text across the page, likely bleed-through from the reverse side. The text is mirrored and difficult to decipher.]*



52 6634

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6634  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Thomas Jefferson</b>		2. DATE OF DEATH <b>7/15/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore, City</b>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>I055 Arygle Ave</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>18 Yrs</b>		D. STREET ADDRESS (If rural, give location) <b>I055 Arygle Ave</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>4/15/1909</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hodcarrier</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Bricklaying</b>	
13. FATHER'S NAME <b>Walter Jefferson</b>		11. BIRTHPLACE (State or foreign country) <b>Virginia</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>unknown</b>		16. SOCIAL SECURITY NO.	
14. MOTHER'S MAIDEN NAME <b>Mary Mc Klin</b>		12. CITIZEN OF WHAT COUNTRY?	
17. INFORMANT <b>Annie Jefferson-I055 Arygle Ave</b>		ADDRESS <input checked="" type="checkbox"/>	

18. **008X**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Tuberculosis**  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **malnutrition**  
DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **8/10/12**, 19**12**, to **7/15/52**, that I last saw the deceased alive on **7/14/52**, 19**52**, and that death occurred at **9-P** m., from the causes and on the date stated above.

23A. SIGNATURE **W. G. Gower**23B. ADDRESS **753 Caryl St**23C. DATE SIGNED **7/17/52**24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**24B. DATE  
**7/19/52**24C. NAME OF CEMETERY OR CREMATORY  
**Mt Calvary Ct.**24D. LOCATION (City, town, or county) (State)  
**A.A.Co., Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**JUL 18 1952****Huntington Williams, M.D.****L. B. Brown & Co. - Montgomery St**

1000 52

RECEIVED

MAILED

1000 52

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1000 52

1000 52

1000 52

52 6635

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6635

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN HARPER

2. DATE  
OF  
DEATH

July 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Harbor Towing Dock.

Length of stay in Baltimore

unknown

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Aug. 29-1899

9. AGE (In years  
last birthday)

52

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR  
INDUSTRY

Steam Boat

11. BIRTHPLACE (State or foreign country)

Norfolk Va

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Ike Harper

14. MOTHER'S MAIDEN NAME

Dowdy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

225-12-0948

17. INFORMANT

Mrs. Catherine V. Crain ADDRESS

18. E 851.8 and 322.0

CAUSE OF DEATH

208 Drumond Place  
Norfolk, Va.INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Drowning

DUE TO

ANTECEDENT CAUSES

(B) Acute alcoholism

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING OR CONTRIB-  
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

harbor

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

2400 block Boston St.

1/4

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

July 17, 1952 10:00 A. m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☒NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Fell from tugboat "Sadie" into harbor

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. Fisher

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

July 17, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

7/18/52

24C. NAME OF CEMETERY OR CREMATORY

unknown

24D. LOCATION (City, town, or county)

Norfolk

(State)

Va.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Frank W. Seitz

ADDRESS

814 W. 36th. St.

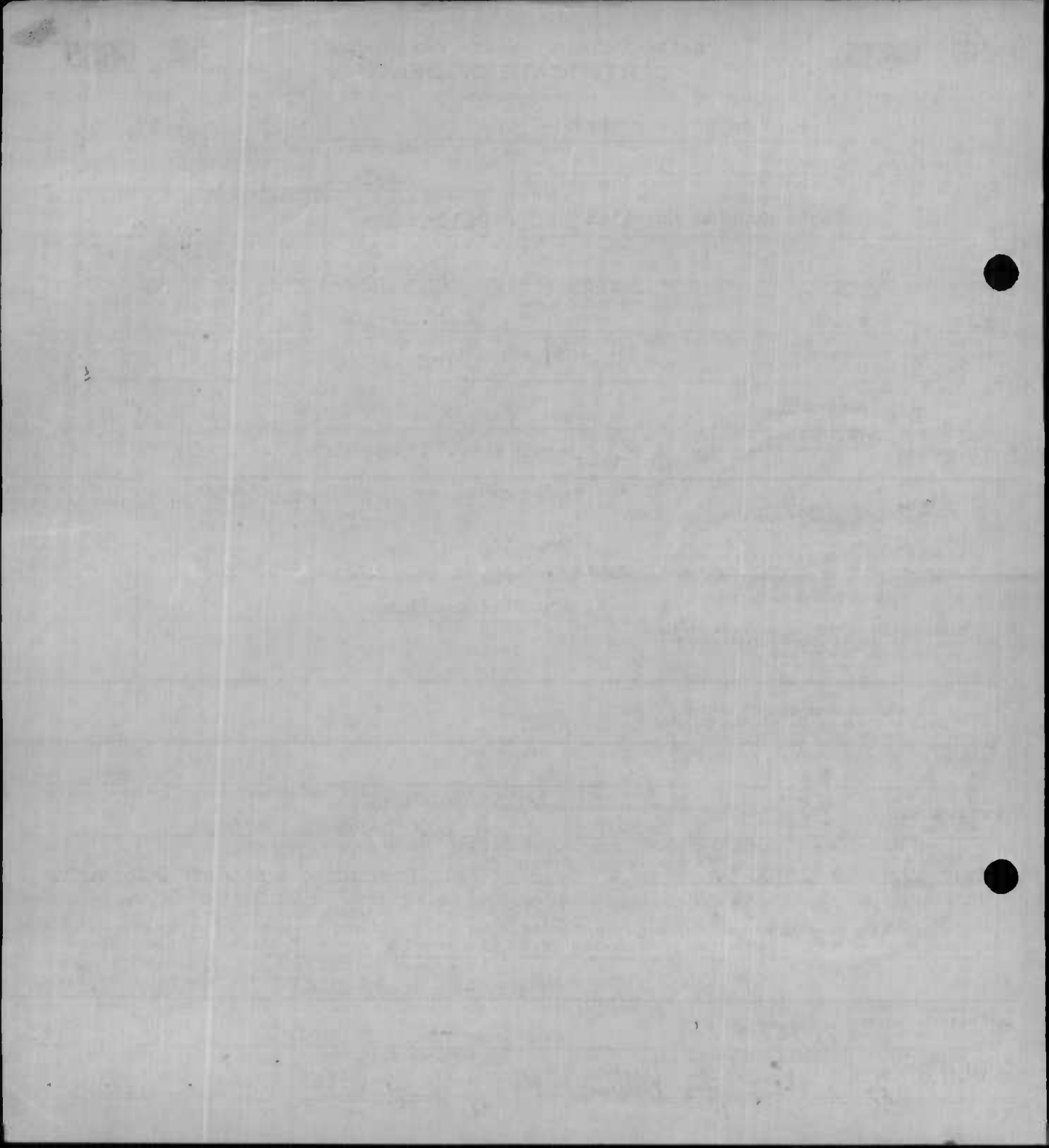
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correct age is especially important. Physicians: please indicate the cause of death clearly and correctly.

MEDICAL CERTIFICATION



426  
52 6636BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6636  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Martin J. Blazer</b>			2. DATE OF DEATH <b>7-17-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>220 Mason Court</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, Md. 3-01</b>		
D. STREET ADDRESS (If rural, give location) <b>220 Mason Court</b>					
5. SEX <b>M</b>			6. COLOR OR RACE <b>W</b>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			8. DATE OF BIRTH <b>6-6-72</b>		
9. AGE (In years last birthday) <b>80</b>			10. If under 1 Year Months: Days: If Under 24 Hours Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Tinner</b>		
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		
13. FATHER'S NAME <b>Christian Blazer</b>			14. MOTHER'S MAIDEN NAME <b>Teresa Gradel</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Mary A. Blazer</b>			ADDRESS <b>220 Mason Court</b>		

18. <b>422.2</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Chronic myocarditis + myocardial degeneration</b>		INTERVAL BETWEEN ONSET AND DEATH <b>about 2 years</b>
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Oct</b> , 1950, to <b>July 17</b> , 1952, that I last saw the deceased alive on <b>June 5</b> , 1952, and that death occurred at <b>11 A.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Davenport</b>		M. D. <b>150 E North Ave</b>		23C. DATE SIGNED <b>7/12/52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7-19-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 18 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>Willy &amp; Zeiler, Inc</b>		ADDRESS <b>403 S. Wolfe Str.,</b>	

RECEIVED

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52 6637

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6637  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SARAH F. COHEN

2. DATE  
OF  
DEATH

JULY 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE

B. COUNTY

MARYLAND

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

4213 FERNHILL AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE 28-41

D. STREET ADDRESS (If rural, give location)

4213 FERNHILL AVE

Length of stay in Baltimore

58

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

FEMALE

WHITE

WIDOW

75

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

LITHUANIA

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

MOSES I. MAROWITZ

14. MOTHER'S MAIDEN NAME

ANNA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknowns) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MORTON COHEN - 3504 Copley RD

18. 356.0 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

BULBAR PALSY

4 yrs.

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

CEREBRAL ARTERIOSCLEROSIS 4 yrs.

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from April, 1949, to July 17, 1952, that I last saw the  
deceased alive on July 16, 1952, and that death occurred at 5 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Alexis J. Hart

M. D.

23B. ADDRESS

5443 Park Heights Ave

23C. DATE SIGNED

7/18/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

JULY 18, 1952

HERRING RUN

BALTO.

MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

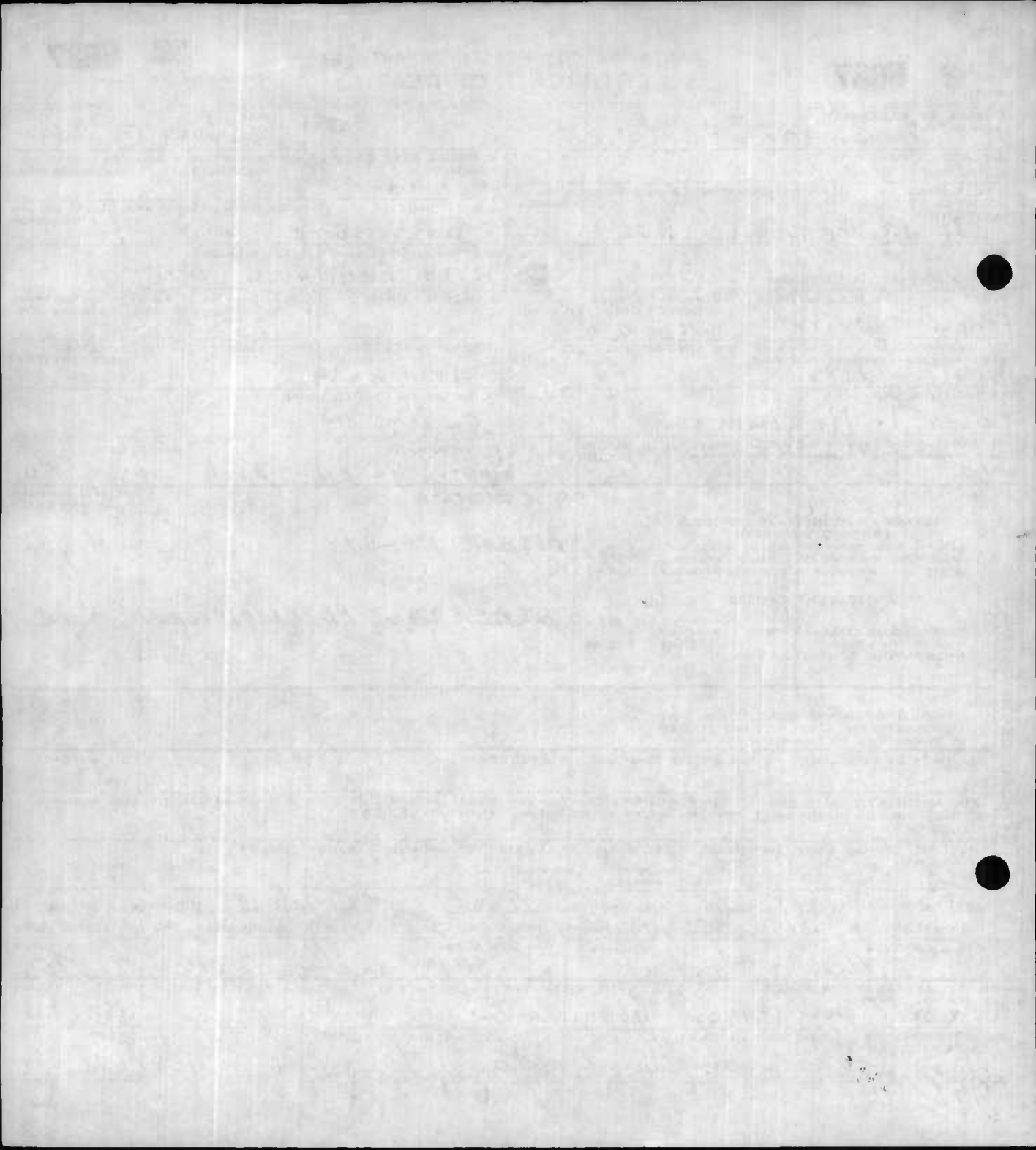
Huntington Williams, M.D. Jack Lewis, Inc. - 2100 Eutan Pl

JUL 18 1952

VS 150

109520-06634

MEDICAL CERTIFICATION



600  
52 6638BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6638

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANNA L. MAYER

2. DATE  
OF  
DEATH

July 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Doctor's Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3814 Barrington Rd.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 7, 1866

9. AGE (In years last birthday)

85

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF  
WHAT COUNTRY

13. FATHER'S NAME

George Kunzman

14. MOTHER'S MAIDEN NAME

Unknown Huber

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Rev. Fred S. Mayer-3814 Barrington Rd.

18. 442X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Degenerative Cardio-vascular  
Renal Disease with  
Arteriosclerosis

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Bronchopneumonia

3 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-3-, 1952, to 7-16-, 1952, that I last saw the deceased alive on 7-16-, 1952, and that death occurred at 11:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

D. G. Anson

23B. ADDRESS

11054 Calver St

23C. DATE SIGNED

7-17-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/19/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Tiekner &amp; Sons

ADDRESS

Baltimore 17, Md.

JUL 18 1952  
VS 150



520  
52 6639BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6639

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN HIRAM LONG

2. DATE  
OF  
DEATH

July 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION Maryland General Hosp.4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 18-03

D. STREET ADDRESS (If rural, give location)

1212 W. Lombard St.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

Feb. 22, 1879

9. AGE (In years  
last birthday)

73

If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

clerk

10B. KIND OF BUSINESS OR  
INDUSTRY

Groceries

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Long

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.  
705-12-1289

17. INFORMANT

ADDRESS

Mrs. Bessie H. Long - 1212 W. Lombard St.

18. 592X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

3 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

hypertension

DUE TO

(C) Myocardial infarction  
chronic interstitial nephritisOTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1952, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on July 13, 1952, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/19/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 18 1952

Huntington Williams, MD.

J. J. Baker &amp; Sons

VS 150

3906A

Balto 17, Md.

NOT A MEDICAL EXAMINER'S CASE

*St. Durlach* M.D.  
CHIEF OF ASST. MEDICAL EXAMINER



655  
52 6640BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6640

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

IDA GERTRUDE LORMAN

2. DATE  
OF  
DEATH

July 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1700 Park Ave.

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2584 Druid Park Drive

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Aug. 16, 1875

9. AGE (In years  
last birthday)

76

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

School Teacher

10B. KIND OF BUSINESS OR  
INDUSTRY

Public School

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Howell S. Lorman

14. MOTHER'S MAIDEN NAME

Elenor V. Underwood

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. H. H. Lorman - 2584 Druid Park Drive

18. 422.1 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

Cardiac decomp.

1 wk

Arterio sclerotic - cardio  
vascular disease

7 yrs

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 22, 1952 to July 16, 1952 that I last saw the  
deceased alive on July 15, 1952, and that death occurred at 4 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

7/19/52

Green Mount Cem.

Balt., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 18 1952

Huntington Williams, M.D.

Wm. J. Vickers &amp; Sons

Balt 17, Md.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6641  
Registered No. \_\_\_\_\_

52 6641  
BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>JAMES FRANCIS HART, SR. (MR.)</b>			2. DATE OF DEATH <b>7-16-52 1:35 PM</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNION MEMORIAL HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 10 27-14</b>		
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>4204 ROLAND AVENUE</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 22 1895</b>	9. AGE (In years last birthday) <b>66</b>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OWNER</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>RETIRED DENTAL SUPPLIES</b>	11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>JAMES HART</b>			14. MOTHER'S MAIDEN NAME <b>EMMA ISABEL THOMAS</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>?</b>	17. INFORMANT ADDRESS <b>Mr. James F. Hart, Jr. - 6214 Mossway</b>		

**CAUSE OF DEATH**

<p>18. <b>181X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CARCINOMA OF BLADDER WITH METASTASIS</b></p> <p>ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. <b>(B)</b> <b>(C)</b></p> <p>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
---	---

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>6-24</b> , 19 <b>52</b> , to <b>7-16</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7-16</b> , 19 <b>52</b> , and that death occurred at <b>1:35 PM</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Am. Ingram</b>		23B. ADDRESS <b>UNION MEMORIAL HOSP 7/16/52</b>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 18, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cemetery</b>	
				24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 18 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, MD.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Wm. J. Pickens &amp; Sons - 712 Pa. Ave. Balto 17, Md.</b>	

1130

52

1130



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6642  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

AUGUSTA REESE

2. DATE  
OF  
DEATH

JULY 17-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 515 N. HIGHLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

26-44

D. STREET ADDRESS (If rural, give location)

515 N. HIGHLAND AVE

Length of stay in Baltimore

72 YRS

Yrs.  
Mos.  
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

SEPT 18-1867

9. AGE (In years  
last birthday)

84

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

HERMAN DRAGE

14. MOTHER'S MAIDEN NAME

AMELIA MARKS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. MINNIE MILLER 515 N. HIGHLAND

18. 422.2

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Heat exhaustion, mildly  
acute myocardial insufficiency  
chronic myocarditis.

1 day.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from July 7, 1952 to July 17, 1952, that I last saw the  
deceased alive on July 16, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

L. C. Doherty

M. D.

23B. ADDRESS

4474 Keenwood Ave.

23C. DATE SIGNED

July 18, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

JULY 19, 1952

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN

24D. LOCATION (City, town, or county)

COLGATE MD

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 200F

JUL 18 1952

Huntington Williams, M.D. PULBRIGHT FUNERAL HOME

ORLEANS ST

STATE OF CALIFORNIA

DEPARTMENT OF THE STATE

OFFICE OF THE ATTORNEY GENERAL

RECEIVED

AT THE OFFICE OF THE ATTORNEY GENERAL

ON THE 10th DAY OF JANUARY 1900

AT THE CITY OF SACRAMENTO

IN THE COUNTY OF SACRAMENTO

STATE OF CALIFORNIA

DEPARTMENT OF THE STATE

OFFICE OF THE ATTORNEY GENERAL

RECEIVED

AT THE OFFICE OF THE ATTORNEY GENERAL

ON THE 10th DAY OF JANUARY 1900

AT THE CITY OF SACRAMENTO

IN THE COUNTY OF SACRAMENTO

STATE OF CALIFORNIA

DEPARTMENT OF THE STATE

OFFICE OF THE ATTORNEY GENERAL

RECEIVED

AT THE OFFICE OF THE ATTORNEY GENERAL

ON THE 10th DAY OF JANUARY 1900

AT THE CITY OF SACRAMENTO

IN THE COUNTY OF SACRAMENTO

STATE OF CALIFORNIA

DEPARTMENT OF THE STATE

OFFICE OF THE ATTORNEY GENERAL

RECEIVED

AT THE OFFICE OF THE ATTORNEY GENERAL

ON THE 10th DAY OF JANUARY 1900

AT THE CITY OF SACRAMENTO

IN THE COUNTY OF SACRAMENTO

STATE OF CALIFORNIA

DEPARTMENT OF THE STATE

OFFICE OF THE ATTORNEY GENERAL

RECEIVED

AT THE OFFICE OF THE ATTORNEY GENERAL

ON THE 10th DAY OF JANUARY 1900

AT THE CITY OF SACRAMENTO

IN THE COUNTY OF SACRAMENTO

STATE OF CALIFORNIA

DEPARTMENT OF THE STATE

OFFICE OF THE ATTORNEY GENERAL

RECEIVED

AT THE OFFICE OF THE ATTORNEY GENERAL

ON THE 10th DAY OF JANUARY 1900

AT THE CITY OF SACRAMENTO

IN THE COUNTY OF SACRAMENTO



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **52 6643**BIRTH NO. **52 6643**1. NAME OF DECEASED  
(Type or Print)

ROSE

~~REDACTED~~ Brockschmidt2. DATE  
OF  
DEATH

July 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Union Memorial

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-06

D. STREET ADDRESS (If rural, give location)

2709 Hemlock Avenue

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 28, 1908

9. AGE (In years  
last birthday)

43

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Pants Maker

10B. KIND OF BUSINESS OR  
INDUSTRY

J. Molofsky

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Walter Kostalek

14. MOTHER'S MAIDEN NAME

Bertha Walzienczy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Brockschmidt 2709 Hemlock Ave

18. E976X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Gunshot wound of head

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

2709 Hemlock Ave.

21D. TIME (Month) (Day) (Year) (Hour)

July 16, 1952 3:00 P. m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

July 17, 1952

M.D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

July 19, 52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Paul A. Heermann 6067 Harford Rd.

VS 151

803.4

109 5 6 6904G

1100

21

1100

2100  
52 6644BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6644  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Daniel W. Daley

2. DATE  
OF  
DEATH

July 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Bldg 2

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

838 N. Carey St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Waiter

10B. KIND OF BUSINESS OR  
INDUSTRY

REST.

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

215-10-0960

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) hypertensive cardiovascular  
renal disease & pulmonary  
edema + uraemia

16 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Left renal calculus & hydro  
nephrosis

12 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-8-1952 to 7-16-1952 that I last saw the  
deceased alive on 7-16-1952, and that death occurred at 3:28 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard J. Jones

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

7-19-52

St. Peters Cem

Baltimore,

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 18 1952

Huntington Williams

J. H. Hensley

VS 150

578 W. Biddle St

1901

STATE OF NEW YORK  
DEPARTMENT OF HEALTH

1901

1901

1901

1901

1901

1901

1901

52 6645

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6645

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Rosie Lena Lawson

2. DATE  
OF  
DEATH

July 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

817 Edmondson Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 17-03

D. STREET ADDRESS (If rural, give location)

817 Edmondson Ave.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 7, 1984

9. AGE (In years last birthday)

68

10. Under 1 Year 11. Under 24 Hours  
Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Thomas Maitland

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr, Winston Lawson 817 Edmondson A

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Heart Disease 6 days

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Vascular Disease

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July 10, 1952 to July 15, 1952, that I last saw the deceased alive on July 14, 1952 and that death occurred at 1P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

7-19-52

Mt. Auburn Cem

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 18 1952

Huntington Williams, Jr. Mr. Frances C. Hensley Biddle St

VS 150

6642

MEDICAL CERTIFICATION

16-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000-1001-1002-1003-1004-1005-1006-1007-1008-1009-1010-1011-1012-1013-1014-1015-1016-1017-1018-1019-1020-1021-1022-1023-1024-1025-1026-1027-1028-1029-1030-1031-1032-1033-1034-1035-1036-1037-1038-1039-1040-1041-1042-1043-1044-1045-1046-1047-1048-1049-1050-1051-1052-1053-1054-1055-1056-1057-1058-1059-1060-1061-1062-1063-1064-1065-1066-1067-1068-1069-1070-1071-1072-1073-1074-1075-1076-1077-1078-1079-1080-1081-1082-1083-1084-1085-1086-1087-1088-1089-1090-1091-1092-1093-1094-1095-1096-1097-1098-1099-1100-1101-1102-1103-1104-1105-1106-1107-1108-1109-1110-1111-1112-1113-1114-1115-1116-1117-1118-1119-1120-1121-1122-1123-1124-1125-1126-1127-1128-1129-1130-1131-1132-1133-1134-1135-1136-1137-1138-1139-1140-1141-1142-1143-1144-1145-1146-1147-1148-1149-1150-1151-1152-1153-1154-1155-1156-1157-1158-1159-1160-1161-1162-1163-1164-1165-1166-1167-1168-1169-1170-1171-1172-1173-1174-1175-1176-1177-1178-1179-1180-1181-1182-1183-1184-1185-1186-1187-1188-1189-1190-1191-1192-1193-1194-1195-1196-1197-1198-1199-1200-1201-1202-1203-1204-1205-1206-1207-1208-1209-1210-1211-1212-1213-1214-1215-1216-1217-1218-1219-1220-1221-1222-1223-1224-1225-1226-1227-1228-1229-1230-1231-1232-1233-1234-1235-1236-1237-1238-1239-1240-1241-1242-1243-1244-1245-1246-1247-1248-1249-1250-1251-1252-1253-1254-1255-1256-1257-1258-1259-1260-1261-1262-1263-1264-1265-1266-1267-1268-1269-1270-1271-1272-1273-1274-1275-1276-1277-1278-1279-1280-1281-1282-1283-1284-1285-1286-1287-1288-1289-1290-1291-1292-1293-1294-1295-1296-1297-1298-1299-1300-1301-1302-1303-1304-1305-1306-1307-1308-1309-1310-1311-1312-1313-1314-1315-1316-1317-1318-1319-1320-1321-1322-1323-1324-1325-1326-1327-1328-1329-1330-1331-1332-1333-1334-1335-1336-1337-1338-1339-1340-1341-1342-1343-1344-1345-1346-1347-1348-1349-1350-1351-1352-1353-1354-1355-1356-1357-1358-1359-1360-1361-1362-1363-1364-1365-1366-1367-1368-1369-1370-1371-1372-1373-1374-1375-1376-1377-1378-1379-1380-1381-1382-1383-1384-1385-1386-1387-1388-1389-1390-1391-1392-1393-1394-1395-1396-1397-1398-1399-1400-1401-1402-1403-1404-1405-1406-1407-1408-1409-1410-1411-1412-1413-1414-1415-1416-1417-1418-1419-1420-1421-1422-1423-1424-1425-1426-1427-1428-1429-1430-1431-1432-1433-1434-1435-1436-1437-1438-1439-1440-1441-1442-1443-1444-1445-1446-1447-1448-1449-1450-1451-1452-1453-1454-1455-1456-1457-1458-1459-1460-1461-1462-1463-1464-1465-1466-1467-1468-1469-1470-1471-1472-1473-1474-1475-1476-1477-1478-1479-1480-1481-1482-1483-1484-1485-1486-1487-1488-1489-1490-1491-1492-1493-1494-1495-1496-1497-1498-1499-1500-1501-1502-1503-1504-1505-1506-1507-1508-1509-1510-1511-1512-1513-1514-1515-1516-1517-1518-1519-1520-1521-1522-1523-1524-1525-1526-1527-1528-1529-1530-1531-1532-1533-1534-1535-1536-1537-1538-1539-1540-1541-1542-1543-1544-1545-1546-1547-1548-1549-1550-1551-1552-1553-1554-1555-1556-1557-1558-1559-1560-1561-1562-1563-1564-1565-1566-1567-1568-1569-1570-1571-1572-1573-1574-1575-1576-1577-1578-1579-1580-1581-1582-1583-1584-1585-1586-1587-1588-1589-1590-1591-1592-1593-1594-1595-1596-1597-1598-1599-1600-1601-1602-1603-1604-1605-1606-1607-1608-1609-1610-1611-1612-1613-1614-1615-1616-1617-1618-1619-1620-1621-1622-1623-1624-1625-1626-1627-1628-1629-1630-1631-1632-1633-1634-1635-1636-1637-1638-1639-1640-1641-1642-1643-1644-1645-1646-1647-1648-1649-1650-1651-1652-1653-1654-1655-1656-1657-1658-1659-1660-1661-1662-1663-1664-1665-1666-1667-1668-1669-1670-1671-1672-1673-1674-1675-1676-1677-1678-1679-1680-1681-1682-1683-1684-1685-1686-1687-1688-1689-1690-1691-1692-1693-1694-1695-1696-1697-1698-1699-1700-1701-1702-1703-1704-1705-1706-1707-1708-1709-1710-1711-1712-1713-1714-1715-1716-1717-1718-1719-1720-1721-1722-1723-1724-1725-1726-1727-1728-1729-1730-1731-1732-1733-1734-1735-1736-1737-1738-1739-1740-1741-1742-1743-1744-1745-1746-1747-1748-1749-1750-1751-1752-1753-1754-1755-1756-1757-1758-1759-1760-1761-1762-1763-1764-1765-1766-1767-1768-1769-1770-1771-1772-1773-1774-1775-1776-1777-1778-1779-1780-1781-1782-1783-1784-1785-1786-1787-1788-1789-1790-1791-1792-1793-1794-1795-1796-1797-1798-1799-1800-1801-1802-1803-1804-1805-1806-1807-1808-1809-1810-1811-1812-1813-1814-1815-1816-1817-1818-1819-1820-1821-1822-1823-1824-1825-1826-1827-1828-1829-1830-1831-1832-1833-1834-1835-1836-1837-1838-1839-1840-1841-1842-1843-1844-1845-1846-1847-1848-1849-1850-1851-1852-1853-1854-1855-1856-1857-1858-1859-1860-1861-1862-1863-1864-1865-1866-1867-1868-1869-1870-1871-1872-1873-1874-1875-1876-1877-1878-1879-1880-1881-1882-1883-1884-1885-1886-1887-1888-1889-1890-1891-1892-1893-1894-1895-1896-1897-1898-1899-1900-1901-1902-1903-1904-1905-1906-1907-1908-1909-1910-1911-1912-1913-1914-1915-1916-1917-1918-1919-1920-1921-1922-1923-1924-1925-1926-1927-1928-1929-1930-1931-1932-1933-1934-1935-1936-1937-1938-1939-1940-1941-1942-1943-1944-1945-1946-1947-1948-1949-1950-1951-1952-1953-19

Adams



52 6646

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6646  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WILLIAM N. DEANE

2. DATE  
OF  
DEATH

July 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Johns Hopkins Hospital

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-06

D. STREET ADDRESS (If rural, give location)

21 E. 25th Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Divorced

8. DATE OF BIRTH

Nov. 11, 1913

9. AGE (in years  
last birthday)

38

If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
truck driver10B. KIND OF BUSINESS OR  
INDUSTRY  
Bond Bakery

11. BIRTHPLACE (State or foreign country)

Charlottesville, Pa.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

James R. Deane

14. MOTHER'S MAIDEN NAME

Norvelle G. Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)  
no16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Arlington, Va.  
Rodney Deane, 5715 25th Rd., N.

18. 583.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hepatorenal syndrome

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Central necrosis of liver

DUE TO

(C) Lower nephron nephrosis

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.  
Autopsy, Inspection or Inquiry

23A. SIGNATURE

R. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
July 18, 195224A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/20/52

24C. NAME OF CEMETERY OR CREMATORY

Monticello

24D. LOCATION (City, town, or county)

Charlottesville, Va.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

JUL 18 1952

V S 151

683-44

Correctage is especially important. Physicians - please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6647  
Registered No.

52 6647  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>HART, VINCENT E</b>			2. DATE OF DEATH <b>7-16-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY <b>BALTO.</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Franklin Square Hosp.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTO.</b>		
D. STREET ADDRESS (If rural, give location) <b>901 W 34 STREET</b>			E. LENGTH OF STAY IN BALTIMORE <b>13-06</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>Oct 7 1906</b>		9. AGE (In years last birthday) <b>45</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Aboard Ship</b>	11. BIRTHPLACE (State or foreign country) <b>Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Charles H. Hart</b>			14. MOTHER'S MAIDEN NAME <b>Bessie Trader</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>217-01-3162</b>	17. INFORMANT <b>Elva Behrens</b>		
			<b>46 Woodcroft Ave Freeport, N.Y.</b>		

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs</b>
DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>7-16-52</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>7-16</b> , 19 <b>52</b> , to <b>7-16</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7-16</b> , 19 <b>52</b> , and that death occurred at <b>11:30 AM.</b> , from the causes and on the date stated above.				
23A. SIGNATURE <b>W. Lindell</b>	M. D.	23B. ADDRESS <b>2nd. Square Hosp</b>	23C. DATE SIGNED <b>7-16-52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7-19-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine Park Cem</b>	24D. LOCATION (City, town, or county) (State) <b>Balto MD</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 18 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, MD</b>	25. FUNERAL DIRECTOR <b>Borg's Funeral Home</b>
		ADDRESS <b>3631 Falls Rd</b>	
<b>1924855 Prince Kungwe Jr.</b>			

1130 57

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1130 57

1130 57

Med Exam Case Released

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6648 Registered No.

52 6648 on Res.

1. NAME OF DECEASED (Type or Print) <i>Thomas, Palm</i>		2. DATE OF DEATH <i>July 17, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Harford</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Forest Hill</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>6200</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Sept 22 1937</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>14</i> Under 1 Year Months: <i>26</i> Days: <i>26</i> Under 24 Hours Hours: <i>26</i> Min.
13. FATHER'S NAME <i>Russell Palm</i>		11. BIRTHPLACE (State or foreign country) <i>Forest Hill</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Russell Palm</i>		ADDRESS <i>JOHNS HOPKINS HOSPITAL Forest Hill</i>	

18. <i>756.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Extra-hepatic Biliary Atresia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>since birth</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) <i>Extra-hepatic Biliary Atresia</i> (B) <i>Atresia</i> (C) <i>Atresia</i>		CERTIFICATION APPROVED BY <i>R. F. Fisher</i> CHIEF OR ASST. MEDICAL EXAMINER.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>11/21/51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Extra-hepatic Biliary Atresia</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7/17*, 19*52*, that I last saw the deceased alive on *DOA*, 19*52*, and that death occurred at *10:10 PM*, from the causes and on the date stated above.

23A. SIGNATURE <i>Arthur F. Woodward</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>7/18/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>July 19 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Matthews</i>	24D. LOCATION (City, town, or county) <i>Crofton Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Charles G. Fritz</i>
				ADDRESS <i>Jarrettsville Md.</i>

NOT A MEDICAL EXAMINER'S CASE

*R. R. K. R. K.*

M.D.

CHIEF OR ASST. MEDICAL EXAMINER



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6649  
Registered No. \_\_\_\_\_

400  
52 6649  
BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Jacob Holloway</b>			2. DATE OF DEATH <b>July-17-1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>921 Pierce Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>35 Yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>921 Pierce Street</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb.-13th.1880</b>		9. AGE (In years last birthday) <b>72</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>General Work</b>		11. BIRTHPLACE (State or foreign country) <b>Midsville Georgia</b>
13. FATHER'S NAME <b>Jackson Holloway</b>			14. MOTHER'S MAIDEN NAME <b>Tena Tiler</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS <b>Beulah Thompson 921 Pierce St</b>		

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cardio Vascular disease</b>		CAUSE OF DEATH <b>Cardio Vascular disease</b>	INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO (A) _____ (B) _____ (C) _____	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **July 14, 1952** to **July 17, 1952**, that I last saw the deceased alive on **July 17, 1952** and that death occurred at **9 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>W. H. Watts</b>	23B. ADDRESS <b>M. D. 5154 Belmont Ave</b>	23C. DATE SIGNED <b>7/18/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/21/1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Arbutus Mem. Park</b>
24D. LOCATION (City, town, or county) (State) <b>Arbutus Balto. Md.</b>	24E. FUNERAL DIRECTOR ADDRESS <b>Huntington Williams, M.D. 5154 Belmont Ave</b>	

**JUL 18 1952**  
VS 150  
**57024**

MEDICAL CERTIFICATION

88 1910

CERTIFICATE OF DEATH

88 1910



320  
52 6650  
BIRTH NO. 159615BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered 52 6650

1. NAME OF DECEASED (Type or Print) <b>Jessie May Sheets</b>			2. DATE OF DEATH <b>July 17, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
8. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
Length of stay in Baltimore <b>70 yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>530 N. Milton Avenue - 5</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 19, 1872</b>		9. AGE (In years last birthday) <b>79</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Jesse H. Sheets</b>			14. MOTHER'S MAIDEN NAME <b>Martha Ann Yingling</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Records: B.C.H. 4940 Eastern Avenue</b>		

18. <b>E904.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypo-static pneumonia</b> (A) DUE TO	CAUSE OF DEATH <b>Hypo-static pneumonia</b> (B) <b>Fractured hip</b> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b> <b>6 weeks</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CERTIFICATION APPROVED BY <b>R. Fisher</b> CHIEF OR ASST. MEDICAL EXAMINER
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>5/30/52 - 6/27/52</b>		19B. MAJOR FINDINGS OF OPERATION <b>Fractured hip</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home (latter)</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Westminster, Maryland</b>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <b>May 30, 1952 9:30 pm</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Slipped and fell</b>	
22. I hereby certify that I attended the deceased from <b>5-30</b> , 19 <b>52</b> , to <b>7-17</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7-17</b> , 19 <b>52</b> , and that death occurred at <b>10:00pm.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>C. S. Otjen</b> M. D.		23B. ADDRESS <b>4940 Eastern Avenue</b>		23C. DATE SIGNED <b>7-18-52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 20 52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Westminster Cem</b>	24D. LOCATION (City, town, or county) (State) <b>Westminster Md</b>
DATE RECEIVED BY REGISTRAR'S SIGNATURE <b>JUL 18 1952</b>		25. FUNERAL DIRECTOR ADDRESS <b>Huntington Williams, M.D. 24 Bankard &amp; Son West.</b>	

VS 150

N 820.0 TO BE APPROVED BY MEDICAL EXAMINER

1947-1948

1947-1948

1947-1948

1947-1948

1947-1948

1947-1948

1947-1948

1947-1948

1947-1948

1947-1948

1947-1948

1947-1948

1947-1948

1947-1948

1947-1948

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6651  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

*Sophia Weinmann*

2. DATE  
OF  
DEATH

*July 16 - 52*

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

*Balto.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

*Md.*

B. FULL NAME OF HOSPITAL OR INSTITUTION

*3444 Cardenas Ave*

C. CITY OR TOWN (If outside corporate limits, write it out and give township)  
*Balto*

D. STREET ADDRESS (If rural, give location)  
*3444 Cardenas Ave*

C. Length of stay in Baltimore

*50 yrs.*

5. SEX

*F.*

6. COLOR OR RACE

*W.*

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

*Married*

8. DATE OF BIRTH

*Oct 8, 1877*

9. AGE (In years last birthday)

*75*

If Under 1 Year Months: Days If Under 24 Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*At Home*

10B. KIND OF BUSINESS OR INDUSTRY

*House Work*

11. BIRTHPLACE (State or foreign country)

*Germany*

12. CITIZEN OF WHAT COUNTRY?

*U.S.A.*

13. FATHER'S NAME

*Zirkelbach*

14. MOTHER'S MAIDEN NAME

*Fasolia*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*No*

16. SOCIAL SECURITY NO.

*None*

17. INFORMANT

*Antonia Fuentesalba*

ADDRESS

*2548*

18. *170x*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

*Generalized Metastasis of Adenocarcinoma - (Gastric) of Breast*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from *June*, 19*51*, to *July 16*, 19*52*, that I last saw the deceased alive on *July 16*, 19*52*, and that death occurred at *8:15 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

*[Signature]*

M. D.

23B. ADDRESS

*3400 Erdman Ave*

23C. DATE SIGNED

*7/16/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*July 19 - 52*

24C. NAME OF CEMETERY OR CREMATORY

*Holy Redeemer*

24D. LOCATION (City, town, or county)

*Balto. Md.*

(State)

DATE RECEIVED BY LOCAL REGISTRAR

*JUL 18 1952*

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

FUNERAL DIRECTOR

*Dignity Bur. 7110 Belair Rd.*

ADDRESS

MEDICAL CERTIFICATION

Write on this space, if necessary, the cause of death clearly and legibly.

1020 SC

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE

NOV 1961

Dr. Stevens  
3400 Widener Ave



550

MINON

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6652

BIRTH NO.

Registered No.

52 6652

1. NAME OF DECEASED  
(Type or Print)

James Minon

2. DATE  
OF  
DEATH

7. 18. 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2305 St Paul St

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED/DIVORCED (Specify)

S

8. DATE OF BIRTH

Nov 1877

9. AGE (In years  
last birthday)

74

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

unknown

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Boston Mass

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

yfs Spain Amer

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Arteriosclerotic CardioVasc.  
Disease

sev. years

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) anorexia

sev. months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1952 to July 18, 1952, that I last saw the  
deceased alive on July 16, 1952, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

E. Ellam St. Paul

23B. ADDRESS

2481 Mt Ave

23C. DATE SIGNED

7. 18. 52

24. BURIAL, CREMA-  
REMOVAL (Specify)

24B. DATE

Burial July 18-1952

24C. NAME OF CEMETERY OR CREMATORY

Balto Natl

24D. LOCATION (City, town, or county)

Balto Md

(State)

RECEIVED BY  
REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

1217 St Paul St

5783

THE UNIVERSITY OF CHICAGO

LIBRARY OF THE UNIVERSITY OF CHICAGO

WATLEY

563  
52 6653BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6653

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary Reinhardt</i>		2. DATE OF DEATH <i>July 16, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Md</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Baltimore, Md</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>3401 Cedardale Rd</i>		C. CITY OR TOWN (If outside corporate limits, write full name of township) <i>15-11</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>3401 Cedardale Rd</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>11.30.81</i>
9. AGE (In years last birthday) <i>70</i>		10. UNDER 1 Year Months: Days Under 24 Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>CONRAD MUELLER</i>		14. MOTHER'S MAIDEN NAME <i>MARY E. Toepfer</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, never unknown) (If yes, give war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Family</i>		ADDRESS	

18. <i>241X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Terminal (Hypostatic) Pulm'g Oedema</i> DUE TO (B) <i>Myocarditis 6</i> DUE TO (C) <i>Bronchial Asthma</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>6 yrs.</i> <i>10.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Adv'd Age</i>		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *February, 1948*, to *July 16, 1952*, that I last saw the deceased alive on *July 15, 1952*, and that death occurred at *3:45 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>James I. Daggott</i>	23B. ADDRESS <i>3812 Quenemont Ave.</i>	23C. DATE SIGNED <i>July 16 52</i>
---	--	---------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>B.</i>	24B. DATE <i>7-19-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>London Park</i>	24D. LOCATION (City, town, or county) (State) <i>BALLO.</i>
--	-----------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>James H. Casey</i>	ADDRESS <i>30 E. Front Ave.</i>
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JUL 18 1952

3230 32

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32

2260  
6654

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6654

BIRTH NO. *Non Rec*

1. NAME OF DECEASED (Type or Print)		Dianne Fisher		2. DATE OF DEATH July 15, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
d. STREET ADDRESS (If rural, give location) 738 W. Franklin St.				e. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1-25-51	9. AGE (in years last birthday) 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Hattie B. Fisher		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Lee Fisher 738 W. Franklin St.		

18. 754.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) ...		Idiopathic hypertrophy of the heart			
DUE TO					
19. ANTECEDENT CAUSES		(B) ...			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C) ...					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley H. Durlacher M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED July 16, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/18/52		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR Charles S. G. Cooper		ADDRESS 514 N Carrollton Ave	
DATE RECEIVED BY LOCAL REGISTRAR JUL 18 1952		REGISTRAR'S SIGNATURE Huntington Williams			

1200 50

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

1000

TO : SAC, NEW YORK (100-100000) FROM : SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 6655

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GEORGE ORRIN ROVICK

2. DATE  
OF  
DEATH

July 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION  
*Church Home Hosp.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

Wyman Park Apartments

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 6, 1899

9. AGE (in years  
last birthday)

53

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Insurance Agent

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Minneapolis, Minn.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

August Rovick

14. MOTHER'S MAIDEN NAME

Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Flo A. Rovick, Wyman Park Apts.

18. 330X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, ashenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Subarachnoid Hemorrhage

3-4 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Rupture of Aneurysm, Cerebral

3-4 hours

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, to July 17, 1952, that I last saw the  
deceased alive on July 14, 1952, and that death occurred at 6:17 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

7/19/52

Parkwood Cemetery

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

VS 150

MEDICAL CERTIFICATION

45073

100

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 6656

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HENRY C. COOKSEY

2. DATE  
OF  
DEATH

7-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTIONEsso Standard Oil  
Company, Boston and Dean

Length of stay in Baltimore

LIFE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN

(If outside corporate limits, write U.S.A. and give  
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

8 N. HIGHLAND AVE

SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

12/25/98

9. AGE (In years  
last birthday)

53

If Under 1 Year

Months

If Under 24 Hours

Hours

Min

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

MCM HELPER

10B. KIND OF BUSINESS OR  
INDUSTRY

ST. OIL CO.

13. FATHER'S NAME

CHARLES COOKSEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF  
WHAT COUNTRY

14. MOTHER'S MAIDEN NAME

FANNIE G. KRIMLING

17. INFORMANT

MARTHA C. COOKSEY 8 N. HIGHLAND AVE

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

Francis J. Janussek, M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

7-17-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

7/21/52

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN

24D. LOCATION (City, town, or county)

BALTIMORE CO. MD

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

F. Hoffmann 1639 Broadway

ADDRESS

VS 151

1952 69045

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8.4.1944

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420  
52 6657  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6657

1. NAME OF DECEASED (Type or Print) <b>WILLIE WELLS</b>			2. DATE OF DEATH <b>July 14, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Morgue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 18-01</b>		
length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>817 Vine St.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>May 19, 1909</b>	9. AGE (In years last birthday) <b>43</b>	H Under 1 Year Months: Days H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborem</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Chemical Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Lee Count S.C.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>David Wells</b>			14. MOTHER'S MAIDEN NAME <b>Maggie Moses</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Lillie Belle Pittman</b>		
			ADDRESS <b>2630 Aaron St</b>		

18. **42.2.1**

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Arteriosclerotic Cardiovascular Disease**

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>partial</b> autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>Stanley S. Durlacher</b>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>July 14, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>7/19/1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>W.T. Dubuque Am. Bldg.</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>		24E. FUNERAL DIRECTOR <b>Huntington Williams, Mrs. Katie R. Williams</b>		24F. ADDRESS <b>322 E. Schroeder St.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 18 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>322 E. Schroeder St.</b>	

7880 82

CERTIFICATE OF DEATH

1907

DATE OF DEATH

PLACE OF DEATH

1907

1907

1907

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6658**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Victor Hill**

2. DATE  
OF  
DEATH

**7/16/52**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

**University Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

**MD. Baltos.**

D. STREET ADDRESS (If rural, give location)

**939 W. Fayette St.**

5. SEX

**M**

6. COLOR OR RACE

**Colored**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Single**

8. DATE OF BIRTH

**Aug 6, 1937**

9. AGE (In years last birthday)

**14**

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

**Student**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

**Baltos. Md.**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**Julius Hill**

14. MOTHER'S MAIDEN NAME

**Mildred Martin**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**Mildred Hill 939 W. Fayette St**

**CAUSE OF DEATH**

18. **342X I**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Intramedullary thrombosis of spinal cord**

INTERVAL BETWEEN ONSET AND DEATH

**30 hrs.**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Sickle cell crisis**

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

**7/16/52**

19B. MAJOR FINDINGS OF OPERATION

**debr. adenomatous spinal cord below T6**

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10 AM 7-16, 1952**, to **8 PM 7-16, 1952**, that I last saw the deceased alive on **7-16, 1952**, and that death occurred at **8 PM**, from the causes and on the date stated above.

23A. SIGNATURE

**Donald A. Woffel**

23B. ADDRESS

**University Hospital**

23C. DATE SIGNED

**7-18-52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

**July 2, 1952**

24C. NAME OF CEMETERY OR CREMATORY

**Mt Auburn Cem**

24D. LOCATION (City, town, or county) (State)

**Baltos. Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams**

25. FUNERAL DIRECTOR

**Mrs Katie R. Williams**

ADDRESS

**322 H. Schroeder St**

MEDICAL CERTIFICATION

8228

CHARTERED BY THE

1928



455  
52 6659  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6659

1. NAME OF DECEASED (Type or Print) <i>Mack Fleming</i>		2. DATE OF DEATH <i>7/16/1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Mo.</i> B. COUNTY <i>19-01</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1315 W Mulberry St.</i>		C. CITY OR TOWN (If outside corporate limits write DUKE and give township) <i>Ba. Mo.</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1315 W. Mulberry St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug. 29, 1880</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>71</i>
13. FATHER'S NAME <i>Thomas Fleming</i>		11. BIRTHPLACE (State or foreign country) <i>Lynchburg S.C.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.C.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Lula</i>	
17. INFORMANT <i>Irvin Fleming</i>		ADDRESS <i>1315 W. Mulberry St.</i>	

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Arteriosclerotic Cardio-</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 months</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Vascular Disease</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) <i>Senility</i>		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 16, 1952</i> to <i>July 16, 1952</i> that I last saw the deceased alive on <i>July 16, 1952</i> and that death occurred at <i>4 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Ralph W. Neill</i>		23B. ADDRESS <i>26 N. Gilman St.</i>		23C. DATE SIGNED <i>7/18/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>July 19, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Abelus Memorial Artulus</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		25. FUNERAL DIRECTOR <i>Mrs. Katie Williams</i>		ADDRESS <i>322 N. Schroeder St.</i>	

VS 150  
83010

MEDICAL CERTIFICATION

1933

THE UNIVERSITY OF CHICAGO

1933



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered **32-6660**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**LENA HARRIS**

2. DATE  
OF  
DEATH

**July 15, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**University Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

**Maryland**

B. COUNTY

C. CITY OR TOWN

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**2612 Pierpoint St.**

Length of stay in Baltimore

5. SEX

**Female**

6. COLOR OR RACE

**Colored**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**Widowed**

8. DATE OF BIRTH

**Feb. 22, 1900**

9. AGE (in years,  
last birthday)

**52**

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Balto. Md.**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**James Dyson**

14. MOTHER'S MAIDEN NAME

**Lillian Dickson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**John Dyson 2330 Druid Hill Ave.**

18. **241X**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Bronchial asthma**

DUPLICATE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUPLICATE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**Stanley G. Dunlop** M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

**July 16, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

**Burial July 21, 1952**

24C. NAME OF CEMETERY OR CREMATORY

**Balto. National**

24D. LOCATION (City, town, or county)

**Balto. Md.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**JUL 18 1952**

**Huntington Williams, Jr.**

25. FUNERAL DIRECTOR

**Mrs. Katie R. Williams**

ADDRESS

**322 N. Schroeder St.**

CERTIFICATE OF DEATH

IN THE CITY OF NEW YORK

1900

Blank certificate form with horizontal lines for text entry.



600  
52 6661BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6661  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Viola Mills Moore

2. DATE  
OF  
DEATH

7-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1742 Harford Avenue

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1742 Harford Avenue

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Female

Colored

Married

8. DATE OF BIRTH

October 13, 1900

9. AGE (In years last birthday)

51

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Winnsboro, South Carolina

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Lee Grant Neal

14. MOTHER'S MAIDEN NAME

Mattie Craig

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Joshua Moore - 1742 Harford Ave.

18. 493X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/23, 1952, to 7/16, 1952, that I last saw the deceased alive on 7/9, 1952, and that death occurred at 3:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1000

1000

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

1000

1000

TO : DIRECTOR, FBI (100-371091)  
FROM : SAC, NEW YORK (100-100000)  
SUBJECT: [Illegible]  
RE: [Illegible]  
[Illegible text follows in multiple paragraphs, mostly mirrored bleed-through from the reverse side of the page.]

160  
REA-160892BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6662  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Carrie Schaefer

2. DATE  
OF DEATH July 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals  
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1106 S. Kenwood Avenue

E. Length of stay in Baltimore

life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 14, 1881

9. AGE (In years last birthday)

70

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Nicholas

14. MOTHER'S MAIDEN NAME

Catherine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 260X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardio-vascular disease

6 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Diabetes

6 days

DUE TO

(C) Congestive heart failure

6 days

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Possible cerebral vascular accident

6 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 7-9, 1952, to 7-17, 1952, that I last saw the deceased alive on 7-17, 1952, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Ogan M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

7-17-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

7/20/52

Oak Lawn Cem.

Baltimore Co.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 18 1952

Huntington, Williams, M.D.

Wm. G. G. Inc.

1217 St Paul St

3330 52

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550  
52 6663BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6663

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>CHRISTIANNA B. SIMON</b>			2. DATE OF DEATH <b>July 17, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>12-04</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>406 E. North Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>406 E. North Avenue</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 28, 1870</b>	9. AGE (In years last birthday) <b>82</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Germany</b>	
13. FATHER'S NAME <b>George Bolte</b>			14. MOTHER'S MAIDEN NAME <b>Minna Schwabe</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT ADDRESS <b>Harry J. Simon 406 E. North Avenue</b>	
18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Carbinal accident</b> DUE TO (B) <b>Arteriosclerosis Card. Vasc. disease</b> DUE TO (C) <b>20 yrs</b> INTERVAL BETWEEN ONSET AND DEATH <b>20 min.</b>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 17, 1952</b> , to <b>July 17, 1952</b> , what I last saw the deceased alive on <b>July 17, 1952</b> , and that death occurred at <b>3:30 P.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Joseph F. Friedman</b>		23B. ADDRESS <b>404 E. North Ave.</b>		23C. DATE SIGNED <b>7-18-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 19, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Western</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>					
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 18 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR ADDRESS <b>1217 St. Paul Street</b>	

MEDICAL CERTIFICATION

1951

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS  
CERTIFICATE OF DEATH

1951

1. Name of Deceased: [Illegible]

2. Sex: [Illegible]

3. Age: [Illegible]

4. Date of Birth: [Illegible]

5. Date of Death: [Illegible]

6. Place of Death: [Illegible]

7. Cause of Death: [Illegible]

8. Signature of Physician: [Illegible]

9. Signature of Registrar: [Illegible]

10. Date of Registration: [Illegible]



660  
52 6664

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6664  
Registered No.

1. NAME OF DECEASED (Type or Print) William C. Shearer			2. DATE OF DEATH July 17/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 422 Edgewood St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 422 Edgewood St		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Feb. 11, 1883	9. AGE (in years last birthday) 69	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Guard		10B. KIND OF BUSINESS OR INDUSTRY Balto. City Jail		11. BIRTHPLACE (State or foreign country) Balto. Co., Md.	
13. FATHER'S NAME Daniel F. Shearer			12. CITIZEN OF WHAT COUNTRY?		
14. MOTHER'S MAIDEN NAME Lydia Warner			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Leo Bendig, 422 Edgewood St		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 6 wks.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June - 6, 1952, to July - 17, 1952, that I last saw the deceased alive on July 17, 1952, and that death occurred at 6 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Paul L. Chambers		23B. ADDRESS 4108 Liberty Hts. - C.		23C. DATE SIGNED July - 18 - 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July /52		24C. NAME OF CEMETERY OR CREMATORY Manchester Cem.	
24D. LOCATION (City, town, or county) (State) Manchesterm Maryland		24E. FUNERAL DIRECTOR ADDRESS Huntington Williams, 4101 Edmondson Ave			

MEDICAL CERTIFICATION

VS 150  
76393



[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a form or a set of records, possibly containing names, dates, and other vital statistics. The text is organized into several columns and rows, typical of a ledger or a form. Some words are difficult to decipher, but they seem to include names, dates, and possibly locations. The text is spread across the majority of the page, from the top right down to the bottom left.]

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6665**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**MRS. AGNES S. CLARKE.**

2. DATE  
OF  
DEATH

**July 17, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE  
**Maryland**

B. COUNTY

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

**2620 E. Baltimore St.**

C. CITY OR TOWN  
**Baltimore**

D. STREET ADDRESS (If rural, give location)

**2620 E. Balto. St.**

Length of stay in Baltimore

**? ?**

Yrs.  
Mos.  
Days

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**DEC. 16, 1886**

9. AGE (in years last birthday)

**65**

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housewife**

10B. KIND OF BUSINESS OR INDUSTRY

**-----**

11. BIRTHPLACE (State or foreign country)

**Maryland**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**James Snee**

14. MOTHER'S MAIDEN NAME

**Catherine Murray**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**no**

16. SOCIAL SECURITY NO.  
**? ?**

17. INFORMANT ADDRESS  
**Robert A. Clark 2620 E. Balto. St.**

18. **443X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

**Pulmonary Edema**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

**1 1/2 days.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

**Cardio-Vascular Hypertensive Disease**

DUE TO

**1 year.**

(C)

**Arteriosclerosis**

**1 year.**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **June 14**, 1952, to **July 17**, 1952, that I last saw the deceased alive on **July 17**, 1952, and that death occurred at **6:55 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE

**Michael J. Donsch**

23B. ADDRESS

**4636 Belair Road**

23C. DATE SIGNED

**7-17-52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**7/21/52**

24C. NAME OF CEMETERY OR CREMATORY

**New Cathedral**

24D. LOCATION (City, town, or county)

**Balto/ Md.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

**JUL 18 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**John A. Moran (3000 E. Balto. St.)**

ADDRESS

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152  
6666BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6666

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Phillip Patrick Cavanaugh</b>			2. DATE OF DEATH <b>July 16, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>27-10</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>529 Willow Ave.</b>			C. CITY OR TOWN <b>Baltimore</b>		
C. Length of stay in Baltimore <b>Appr. 40 yrs</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>529 Willow Ave.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar. 29, 1895</b>	9. AGE (In years last birthday) <b>57</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bartender</b>			11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>Tavern</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Phillip Cavanaugh</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>? ? ? ?</b>			16. SOCIAL SECURITY NO. <b>? ?</b>		
17. INFORMANT <b>Mrs Carrie Cavanaugh</b>			ADDRESS <b>529 Willow Ave.</b>		

18. <b>420.2</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Angina Pectoris</b> DUE TO <b>Arterio-sclerotic Cardio-vascular disease</b>	CAUSE OF DEATH <b>Angina Pectoris</b> <b>Arterio-sclerotic Cardio-vascular disease</b>	INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b> <b>Unknown</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 4, 1952** to **7/6, 1952**, that I last saw the deceased alive on **6/17, 1952**, and that death occurred at **11:10 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Anthony J. Thomas</b> M. D.	23B. ADDRESS <b>4600 York Rd</b>	23C. DATE SIGNED <b>7/18/52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/19/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Meadowridge Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 18 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>John A. Moran</b>	ADDRESS <b>3000 E. Balto. St.</b>
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1. The first part of the report is a general description of the project and its objectives.

2. The second part of the report is a detailed description of the methodology used in the study.

3. The third part of the report is a description of the results of the study.

4. The fourth part of the report is a discussion of the results and their implications.

5. The fifth part of the report is a conclusion and a list of references.

6. The sixth part of the report is a list of appendices.

7. The seventh part of the report is a list of figures and tables.

8. The eighth part of the report is a list of footnotes.

9. The ninth part of the report is a list of references.

10. The tenth part of the report is a list of appendices.

11. The eleventh part of the report is a list of figures and tables.

12. The twelfth part of the report is a list of footnotes.

13. The thirteenth part of the report is a list of references.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6667**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>John William Casey</b>			2. DATE OF DEATH <b>July 15, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>2926 Elliott St.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>Appro. 40 Yrs</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>2926 Elliott St.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 24, 1887</b>	9. AGE (In years last birthday) <b>64</b>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>?</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>?</b>		
11. BIRTHPLACE (State or foreign country) <b>England</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Thomas Casey</b>			14. MOTHER'S MAIDEN NAME <b>Miria Crine</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>?</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Mr Thomas Casey</b>			ADDRESS <b>2719 E. Preston St.</b>		

18. <b>002X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary Tuberculosis</b>		CAUSE OF DEATH <b>Chronic Myocarditis</b>	INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A)		DUE TO (B)	
DUE TO (C)			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>7/1</b> , 19 <b>52</b> , to <b>7/15</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7/1</b> , 19 <b>52</b> , and that death occurred at <b>5 P. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Joseph Janbery</b>		23B. ADDRESS <b>441 S. Eddwood Ave</b>		23C. DATE SIGNED <b>7/17/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/19/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 18 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR ADDRESS <b>John A. Moran 3000 E. Balto. St.</b>			

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6668**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**JAMES WILKINSON Jr.**

2. DATE  
OF  
DEATH

**July 16, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**Union Memorial Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Md.** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)

**5635 Alhambra Ave.**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**Aug. 7, 1922**

9. AGE (in years  
last birthday)

**29 30**

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Steamfitter**

10B. KIND OF BUSINESS OR INDUSTRY

**Construction**

11. BIRTHPLACE (State or foreign country)

**Maryland**

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

**James M. Wilkinson Sr.**

14. MOTHER'S MAIDEN NAME

**Ethel Warner**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**Yes**

16. SOCIAL SECURITY NO.

**-----WW11**

17. INFORMANT

**Mrs Florence Wilkinson**

ADDRESS

**5635 Alhambra Ave.**

18. **E902.3**

**CAUSE OF DEATH**

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fracture of skull**

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

**II**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  
**street**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

**York Rd. and Marklin Sts.**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

**July 16, 1952 a.m.**

21E. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

**Fell off scaffold**

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**Stanley H. Dunsacker M.D.**

23B. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

**July 16, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**7/19/52**

24C. NAME OF CEMETERY OR CREMATORY

**Moreland Memorial**

24D. LOCATION (City, town, or county)

**Balto. Md.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS

**John A. Moran 3000 E. Balto. St.**

1. The first part of the report deals with the general principles of the method of analysis. It is a very important part of the report and should be read carefully. It is a very important part of the report and should be read carefully.

2. The second part of the report deals with the results of the analysis. It is a very important part of the report and should be read carefully. It is a very important part of the report and should be read carefully.

3. The third part of the report deals with the conclusions of the analysis. It is a very important part of the report and should be read carefully. It is a very important part of the report and should be read carefully.

4. The fourth part of the report deals with the recommendations of the analysis. It is a very important part of the report and should be read carefully. It is a very important part of the report and should be read carefully.

5. The fifth part of the report deals with the summary of the analysis. It is a very important part of the report and should be read carefully. It is a very important part of the report and should be read carefully.

6. The sixth part of the report deals with the appendix. It is a very important part of the report and should be read carefully. It is a very important part of the report and should be read carefully.

7. The seventh part of the report deals with the bibliography. It is a very important part of the report and should be read carefully. It is a very important part of the report and should be read carefully.

8. The eighth part of the report deals with the index. It is a very important part of the report and should be read carefully. It is a very important part of the report and should be read carefully.

9. The ninth part of the report deals with the list of figures. It is a very important part of the report and should be read carefully. It is a very important part of the report and should be read carefully.

10. The tenth part of the report deals with the list of tables. It is a very important part of the report and should be read carefully. It is a very important part of the report and should be read carefully.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No.

52 6669

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ROY KENNEDY</b>			2. DATE OF DEATH <b>July 15, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>West Virginia</b> B. COUNTY <b>Y-45</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Martinsburg</b>		
D. STREET ADDRESS (If rural, give location)			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced</b>	8. DATE OF BIRTH <b>Sept. 7, 1898</b>		9. AGE (in years last birthday) <b>50-55?</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>oiler</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>tugboat</b>	11. BIRTHPLACE (State or foreign country) <b>Bruceville, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13. FATHER'S NAME <b>Patterson Kennedy</b>			14. MOTHER'S MAIDEN NAME <b>Frederick Lyons</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <b>218-03-3681</b>	17. INFORMANT <b>Maurice E. Newnam</b>		ADDRESS <b>Easton, Maryland</b>

18. **420.1**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
**Coronary Artery Sclerosis**

(A) DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **Stanley J. DeLoach M.D.** 23B. CHIEF MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **July 16, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **7 - 19 - 52** 24C. NAME OF CEMETERY OR CREMATORY **Windy Hill** 24D. LOCATION (City, town, or county) (State) **Trappe, Talbot County, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **JUL 19 1952** REGISTRAR'S SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR ADDRESS **Maurice E. Newnam & Son - Easton, Maryland**

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CHARTER OF THE  
CONFEDERATE STATES OF AMERICA

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THE CONFEDERATE STATES OF AMERICA: 1862-1865

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1000

1000





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52 6670BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6670  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Florence L. Carpenter Putts

2. DATE  
OF  
DEATH

July 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR Long Green Nursing Home  
INSTITUTION 115 E. Melrose Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTY noneC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 9-03D. STREET ADDRESS (If rural, give location)  
3637 Greenmount Avenue

Length of stay in Baltimore

life Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
widowed

8. DATE OF BIRTH

Dec. 5, 1878

9. AGE (In years  
last birthday)

73

If Under 1 Year Months: Days  
If Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
none10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?  
U. S.

13. FATHER'S NAME

George C. Carpenter

14. MOTHER'S MAIDEN NAME

Mary C. Casey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

George C. Carpenter - 3637 Greenmount Ave.

18. 170x

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Carcinoma of breast

DUE TO

74

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947 to July 8, 1952 that I last saw the  
deceased alive on 7/17/52, 1952, and that death occurred at 11:05 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

206 Kemble Road

7 - 18 - 52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
burial

24B. DATE

7 - 21 - 52

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JULY 19 1952

Huntington Williams, M.D.

John O. Mitchell &amp; Sons, Inc. - 1900 Eutaw Place

TO THE DIRECTOR OF THE BUREAU OF THE MINT  
FROM THE DIRECTOR OF THE BUREAU OF THE MINT  
SUBJECT: [Illegible]

[The remainder of the page contains extremely faint, illegible text, likely bleed-through from the reverse side of the document.]

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6671

362  
52 6671

1. NAME OF DECEASED (Type or Print) <b>MARGARET GERTRUDE STROUSE</b>			2. DATE OF DEATH <b>7/17/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNION MEMORIAL HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 13-01</b>		
C. Length of stay in Baltimore <b>LIFE</b>			D. STREET ADDRESS (If rural, give location) <b>TEMPLE GARDEN APARTMENTS (17)</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 1, 1898</b>	9. AGE (In years last birthday) <b>54</b>	10. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>-</b>		
13. FATHER'S NAME <b>JOHN BEHRENS</b>			14. MOTHER'S MAIDEN NAME <b>HANNA BEARD</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>HUSBAND</b>			ADDRESS <b>TEMPLE GARDEN APPTS.</b>		

18. <b>581.0</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>HEPATIC CIRRHOSIS</b>		<b>1 MONTH</b>
ANTECEDEENT CAUSES		(B)		
DISEASES OR CONOITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)		
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIOENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>June 21, 1952</b> to <b>July 17, 1952</b> , that I last saw the deceased alive on <b>July 17, 1952</b> , and that death occurred at <b>4:22 p.m.</b> , from the causes and on the date stated above.				

23A. SIGNATURE <b>Georgia Reynolds</b> M. D.		23B. ADDRESS <b>Union Memorial Hospital</b>		23C. DATE SIGNED <b>7/17/52</b>
24A. BURIAL, CREMA- TION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>7 - 19 - 52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Maryland</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 19 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Mitchell's Home</b>	ADDRESS <b>1906 Eutan Place</b>
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g

460  
52 6672BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6672

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Unnie M Ohler

2. DATE  
OF  
DEATH

July 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Md B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

600 1/2 Berry St

C. CITY OR TOWN (If outside corporate limits, write R.U.R., L. and give township)

Baltimore

13-07

C. Length of stay in Baltimore

50 yrs.

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

600 1/2 Berry St

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 18, 1872

9. AGE (In years

last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR  
INDUSTRY

-

11. BIRTH PLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Ohler

14. MOTHER'S MAIDEN NAME

Adelaide Gardner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

no

16. SOCIAL  
SECURITY NO.

no

17. INFORMANT

ADDRESS

Ambrose Ohler 3452 Hickory Dr

18. 175x

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Cancer &amp; Over

INTERVAL BETWEEN  
ONSET AND DEATH

5 yrs

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1952, to July 18, 1952, that I last saw the  
deceased alive on July 17, 1952, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. S. G. Zimmerman, M. D.

23B. ADDRESS

9858 Weyland St

23C. DATE SIGNED

7-18-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

July 21-52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Austin E. Donovan 3818 Holmdel Dr

CERTIFICATE OF DEATH

CAUSE OF DEATH

DEATH OF VICTIM

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 6673

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <u>Deczkan Steve Kowalski (Kowalczyk)</u>		2. DATE OF DEATH <u>July 18, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Dist 6</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write LOCAL and give township) <u>Baltimore 1-05</u>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <u>2100 E. Pratt St.</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 6, 1901</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Reinman</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Baltimore</u>	
13. FATHER'S NAME <u>Joseph Kowalczyk</u>		14. MOTHER'S MAIDEN NAME <u>Mary</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		ADDRESS _____	

<p>18. <u>420.1</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center"><b>CAUSE OF DEATH</b></p> <p>(A) <u>Myocardial Infarction -</u> DUE TO <u>multiple.</u></p> <p>(B) <u>Hypertensive and atherosclerotic</u> DUE TO <u>cardiovascular disease</u></p> <p>(C) _____</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
	<p>19A. DATE OF OPERATION <u>7-13</u></p> <p>19B. MAJOR FINDINGS OF OPERATION _____</p>	
	<p>20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	

21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	21F. HOW DID INJURY OCCUR? _____
21D. TIME (Month) (Day) (Year) (Hour) _____	21E. INJURY OCCURRED _____		
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from 7-13, 1952 to 7-18, 1952 that I last saw the deceased alive on 7-18, 1952 and that death occurred at 6:25 A. m., from the causes and on the date stated above.

23A. SIGNATURE Lawrence E. Hunt M. D. 23B. ADDRESS JOHNS HOPKINS HOSPITAL 23C. DATE SIGNED 7-18-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE July 21, 1952 24C. NAME OF CEMETERY OR CREMATORY Sacred Heart 24D. LOCATION (City, town, or county) (State) Baltimore

DATE RECEIVED BY LOCAL REGISTRAR JUL 19 1952 REGISTRAR'S SIGNATURE Huntington Williams FUNERAL DIRECTOR Fred W. Ozazowski ADDRESS \_\_\_\_\_

MEDICAL CERTIFICATION

58336 6 1950 Eastern Ave



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **52 6674**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Anna M. Hilsher

2. DATE  
OF  
DEATH

7-18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

526 N. Kenwood Ave.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

526 N. Kenwood Ave.,

C. Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov 16, 1887

9. AGE (In years  
last birthday)

64

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife at home

10B. KIND OF BUSINESS OR  
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Anton Matejovic

14. MOTHER'S MAIDEN NAME

Mary Baborka

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

none

none

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Henry J. Hilsher, 526 N. Kenwood Ave.,

18. 526x

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

BRONCHIECTASIS

5 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

ARTERIOSCLEROSIS GENERALIZED 5-8 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 NOV., 1948, to JULY 18, 1952, that I last saw the deceased alive on JULY 18, 1952, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

121 S. HIGHLAND AVE.

7/19/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/21/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Belair Rd.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 19 1952

Huntington Williams, 137

Schimunek Funeral Home,

2601-03-05 E. Madison Street.

2000

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RECEIVED BY THE DIRECTOR

AT 10 30 AM

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6675**

BIRTH NO. **200**

1. NAME OF DECEASED  
(Type or Print)

**EDITH-IRENE-BOOSE**

2. DATE  
OF  
DEATH

**7/19/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**5247 Linden Heights Ave.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland** B. COUNTY **Carroll**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Hampstead 5600**

D. STREET ADDRESS (If rural, give location)

**S. Main Street**

C. Length of stay in Baltimore

**11 Mos.**

5. SEX

**Female White**

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Widowed**

8. DATE OF BIRTH

**5/6/1874**

9. AGE (In years last birthday)

**78**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

**Housewife (Retired) Own home**

11. BIRTHPLACE (State or foreign country)

**Carroll Co. Md.**

12. CITIZEN OF WHAT COUNTRY?

**U. S.**

13. FATHER'S NAME

**Adam Tringling**

14. MOTHER'S MAIDEN NAME

**Amanda Burgoon**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

**None**

17. INFORMANT

**Walter Boose 5247 Linden Heights**

**CAUSE OF DEATH**

18. **196x**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

**Carcinoma of Sup. Maxilla**

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **May 1951**, to **7/19/52**, that I last saw the deceased alive on **7/18/52**, and that death occurred at **5:00 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

**Wm. E. Martin**

23B. ADDRESS

**Cladallstown Md**

23C. DATE SIGNED

**7/19/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

**Burial**

**7/22/52**

**Union Cemetery**

**Silver Run, Carroll Co Md**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

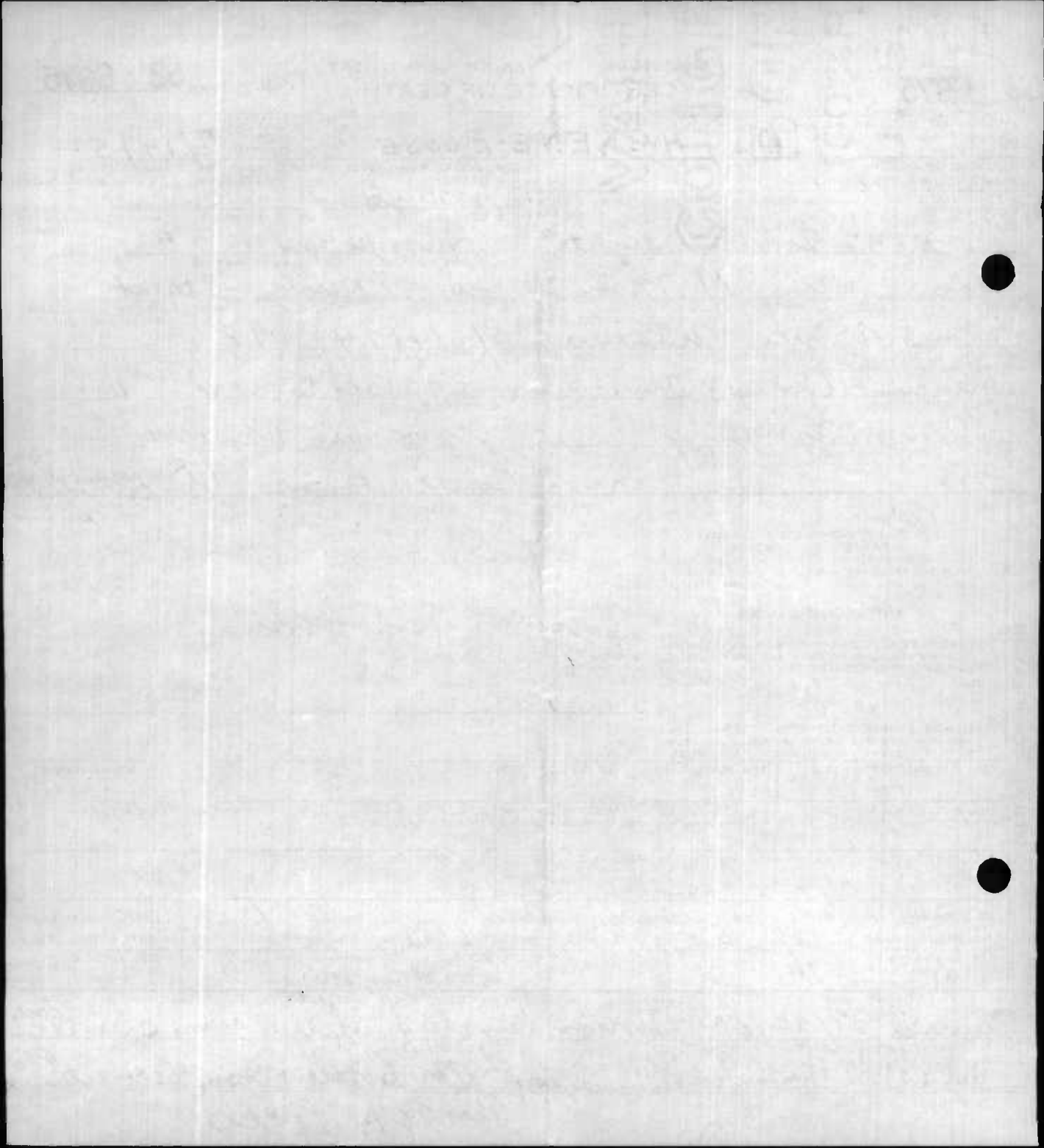
ADDRESS

**JUL 19 1952**

**Huntington Williams**

**R. M. Little & Son, Laclestown Pa**

**Per R. A. Little**





360  
52 6676  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6676

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Elizabeth Gettier		July 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2327 North Charles St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION Melchor Nursing Home 2327 North Charles St.		B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (If rural, give location)	
Baltimore		4509 Liberty Heights Ave.	
E. LENGTH OF STAY IN BALTIMORE L life		F. DATE OF BIRTH	
Yrs. Mos. Days		1-17-1861	
5. SEX Female		9. AGE (In years last birthday)	
6. COLOR OR RACE White		91	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		If Under 1 Year Months Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		If Under 24 Hours Hours Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME Wm. H. Daley		Baltimore Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Sophia Horn	
17. INFORMANT Lillian Mahone		ADDRESS 4509 Liberty Hghts. *	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A)		Coronary Thrombosis		Heart	
ANTECEDENT CAUSES		(B)		?	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Dry Gangrene of right leg		on month	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 7, 1949, to July 18, 1952, that I last saw the deceased alive on July 7, 1952, and that death occurred at 4:30 P. M., from the causes and on the date stated above.					
23A. SIGNATURE Maurice E. Shaver		23B. ADDRESS 3300 W. North Ave.		23C. DATE SIGNED 7/19/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7-19-52		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) (State) Woodlawn Maryland		25. FUNERAL DIRECTOR Ellsworth Armacost		ADDRESS 6606 Liberty Heights Ave.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	

3033 SP

4750 12/11/1933

5700

BOND

U.S.A.

626  
52 6677BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6677  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Joseph Parker</i>		2. DATE OF DEATH <i>July 15, 1952</i>	
3. PLACE OF DEATH: a. Baltimore City Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Maryland</i> c. CITY OR TOWN <i>Baltimore</i> d. STREET ADDRESS (If rural, give location) <i>1708 Ashland Ave.</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>1708 Ashland Ave.</i>		c. CITY OR TOWN (If outside corporate limits, give RURAL and give township)	
c. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		d. STREET ADDRESS (If rural, give location) <i>1708 Ashland Ave.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>July 5, 1876</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant</i>		9b. AGE (In years last birthday) <i>76</i>	
10a. KIND OF BUSINESS OR INDUSTRY <i>Retail notions</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13. FATHER'S NAME <i>Unknown</i>	
14. MOTHER'S MAIDEN NAME <i>Margaret ?</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <i>Informant</i>		17. ADDRESS <i>1708 Ashland Ave.</i>	

18. <i>592X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Urinary Toxemia</i> DUE TO <i>&amp; unmet Manifestation</i> (B) <i>Anuria</i> DUE TO <i>Chronic Glomerular Nephritis</i> (C) <i>Hypertensive Cardio-Vascular Disease</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION <i>Hypertensive Cardio-Vascular Disease</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from *June*, 1952 to *July 15, 1952*, that I last saw the deceased alive on *July 14, 1952*, and that death occurred at *8:30 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Ralph J. Young, M.D.</i>	23B. ADDRESS <i>1532 S Monument St</i>	23C. DATE SIGNED <i>7/15/52</i>
---	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>July 20, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Pk.</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 19 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Funeral Home</i>	26. ADDRESS <i>1601 David Skill Ave.</i>

1780

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THE NEW YORK PUBLIC LIBRARY  
ASTOR LENOX TILDEN FOUNDATION  
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000  
52 6678BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6678  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION  
(If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (in years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 11, 1952 to July 18, 1952, that I last saw the deceased alive on June 11, 1952, and that death occurred at 5 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1000

1000

1000

1000





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6679**

BIRTH NO. **612 6679 EB-161029**

**1. NAME OF DECEASED**  
(Type or Print) **Estella Mae Travis**

**2. DATE OF DEATH** **July 18, 1952**

**3. PLACE OF DEATH:**  
**A. Baltimore City, Maryland**

**4. USUAL RESIDENCE** (Where deceased lived, If institution: residence before admission)  
**A. STATE** **Maryland** **B. COUNTY**

**B. FULL NAME OF HOSPITAL OR INSTITUTION** (If not in hospital or institution, give street address or location)  
**Baltimore City Hospitals**  
**4940 Eastern Avenue**

**C. CITY OR TOWN** (If outside corporate limits, write RURAL and give township)  
**Baltimore**

**D. STREET ADDRESS** (If rural, give location)  
**38 E. Ostend Street**

**5. SEX**  
**Female**

**6. COLOR OR RACE**  
**White**

**7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)**  
**Married**

**8. DATE OF BIRTH**  
**Feb. 14, 1896**

**9. AGE (in years last birthday)**  
**56**

**10. Under 1 Year** Months: Days: **11. Under 24 Hours** Hours: Min.

**10A. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
**Self employed.**

**10B. KIND OF BUSINESS OR INDUSTRY**  
**Restaurant.**

**11. BIRTHPLACE** (State or foreign country)  
**Maryland**

**12. CITIZEN OF WHAT COUNTRY?**  
**U.S.**

**13. FATHER'S NAME**  
**David Ramsey**

**14. MOTHER'S MAIDEN NAME**  
**Estella Ogle.**

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no or unknown) (If yes, give war or dates of service)  
**No.**

**16. SOCIAL SECURITY NO.**

**17. INFORMANT ADDRESS**  
**Records: B.C.H. 4940 Eastern Avenue**

**18. 331X**

**CAUSE OF DEATH**

**INTERVAL BETWEEN ONSET AND DEATH**

**DISEASE OR CONDITION DIRECTLY LEADING TO DEATH**  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

**Cerebral Vascular Accident**

**8 days**

**ANTECEDENT CAUSES**

**DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.**

**(A) DUE TO**

**(B) DUE TO**

**(C)**

**II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

**19A. DATE OF OPERATION**

**19B. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?**  
**YES** ☐ **NO** ☒

**21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH**

**21B. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.)

**21C. WHERE DID INJURY OCCUR?** (If in Baltimore City, give exact location)

**21D. TIME (Month) (Day) (Year) (Hour) OF INJURY**

**21E. INJURY OCCURRED**

**21F. HOW DID INJURY OCCUR?**

**WHILE AT WORK** ☐ **NOT WHILE AT WORK** ☐

**22. I hereby certify that I attended the deceased from 7-14, 1952, to 7-18, 1952, that I last saw the deceased alive on 7-18, 1952, and that death occurred at 8:20 a. m., from the causes and on the date stated above.**

**23A. SIGNATURE** *A. S. Cogen* **M. D.**

**23B. ADDRESS**  
**4940 Eastern Avenue**

**23C. DATE SIGNED**  
**7-18-52**

**24A. BURIAL, CREMATION, REMOVAL (Specify)**  
**Burial.**

**24B. DATE**  
**July, 21, 1952**

**24C. NAME OF CEMETERY OR CREMATORY**  
**Western Cemetery.**

**24D. LOCATION (City, town, or county) (State)**  
**Balto. City Md.**

**DATE RECEIVED BY LOCAL REGISTRAR**  
**JUL 19 1952**

**REGISTRAR'S SIGNATURE**  
*Huntington Williams*

**25. FUNERAL DIRECTOR ADDRESS**  
*1400 S. Charles St.*



635  
52 6680

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6680  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>FRANCES MARTINEK</b>			2. DATE OF DEATH <b>7-18-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Ma.</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNIVERSITY HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>703 E. 37th St. 9-03</b>		
D. STREET ADDRESS (If rural, give location) <b>Balto Md.</b>			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	8. DATE OF BIRTH <b>May 22, 1869</b>	9. AGE (In years last birthday) <b>83</b>	If Under 1 Year Months: Days If Under 24 hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>unknown</b>			14. MOTHER'S MAIDEN NAME <b>unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT ADDRESS <b>Wm. A. Martinek 3107 Ontario St.</b>		

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>URGEMIA</b>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>MYOCARDIAL INFARCTION</b>	(A) DUE TO (B) DUE TO (C) DUE TO <b>ARTEROSCLEROSIS</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>PE HAD A INTERCOSTAL FRACTURE OF RIB</b>		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>AT HOME</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-26-52** to **7-18-52**, 19**52**, that I last saw the deceased alive on **7-18-52**, 19**52**, and that death occurred at **3:20 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Harry M. Walsh</b> M. D.	23B. ADDRESS <b>U. F.</b>	23C. DATE SIGNED <b>7-18</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7-21-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>
24D. LOCATION (City, town, or county) <b>1300 Horner's Lane Md.</b>		(State)
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 19 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR ADDRESS <b>Mildred J. Blight, 6009 Harford Rd.</b>

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

512  
52 6681BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6681

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Charlie Thompson</i>			2. DATE OF DEATH <i>July 16, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md.</i> B. COUNTY <i>7-6</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
D. STREET ADDRESS (If rural, give location) <i>1523 Mc Elderry St.</i>			5. SEX <i>male</i>		
6. COLOR OR RACE <i>Colored</i>			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <i>John Davis</i>			14. MOTHER'S MAIDEN NAME <i>Sam Thompson</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

1B. <i>60010</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>pneumonia, LLL</i> DUE TO				<i>10 da</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>chronic renal insufficiency</i> DUE TO		<i>1 mo</i>	
		(C) <i>pyelo nephritis</i>		<i>?</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>dysentery of bladder</i>		<i>?</i>	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *6-19*, 19*52*, to *7-16*, 19*52*, that I last saw the deceased alive on *7-16*, 19*52*, and that death occurred at *10:55 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Richard J. Johns</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED	
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7-21-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus</i>		24D. LOCATION (City, town, or county) (State) <i>Arbutus md</i>	
--	--	-----------------------------	--	--	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 19 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Thos Wilson</i>		ADDRESS <i>1000 Brantly Ave</i>	
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1901

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

1901

*[Faint, illegible text throughout the page, likely bleed-through from the reverse side. The text appears to be a series of lines, possibly a list or a report, but the characters are too light to transcribe accurately.]*



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6682**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Blanche M. Brown</b>			2. DATE OF DEATH <b>7-15-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pravident Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, Maryland</b>		
6. Length of stay in Baltimore <b>20</b> — Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>410 N. Caroline St</b>		
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Col.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>June 16, 1916</b>	9. AGE (In years last birthday) <b>36</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (State or foreign country) <b>Robinson Co. N.C.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Will Brown</b>			14. MOTHER'S MAIDEN NAME <b>Elizabeth Roy</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Willie Brown</b> ADDRESS <b>410 Caroline St</b>		

<p>18. <b>331X</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center"><b>CAUSE OF DEATH</b></p> <p>(A) <b>Cerebral Vascular Accident</b></p> <p align="center">DUE TO</p> <p align="center"><b>Antecedent Causes</b></p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>(B) <b>Hypertension</b></p> <p align="center">DUE TO</p> <p>(C) <b>Obesity</b></p> <p align="center"><b>II</b></p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>INTERVAL BETWEEN ONSET AND DEATH <b>6-17-52</b> <b>7-15-52</b></p>
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19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
<p>22. I hereby certify that I attended the deceased from <b>6.17.1952</b> to <b>7.15.52</b>, that I last saw the deceased alive on <b>7.15.52</b> and that death occurred at <b>8:22</b> m., from the causes and on the date stated above.</p>					
23A. SIGNATURE <b>J. Carr</b>		23B. ADDRESS <b>1422 Madison Ave</b>		23C. DATE SIGNED <b>7.15.52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7-19-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>mt Calvary Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Brooklyn and</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 19 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>Choisy Wilson</b>		ADDRESS <b>1010 Brantly Ave</b>	

**7208A**

MEDICAL CERTIFICATION

25

23.5

25

6.15.84

Mr. J. J. J. J. J.

13 1000

652  
52 6683BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6683  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Lavinia Barnes

2. DATE

OF DEATH July-17-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

1207 Madison Avenue

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

435 Watty Court

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March-15-1899

9. AGE (in years last birthday)

53

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Crewe Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Epps

14. MOTHER'S MAIDEN NAME

Lelia

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Dorothy Barnes 1317 W. Lanvale St

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary thrombosis

30 min

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-17, 1952, to 7-17, 1952, that I last saw the deceased alive on 7-17, 1952, and that death occurred at 9:50 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

7/21/1952

Crew

Crew Virginia

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 19 1952

Huntington Williams, M.D.

Thoygo Wilson 1000 Beauty Ave

STATE OF NEW YORK  
DEPARTMENT OF HEALTH

1. Name of patient: [illegible]  
2. Date of birth: [illegible]  
3. Sex: [illegible]  
4. Race: [illegible]  
5. Address: [illegible]  
6. City: [illegible]  
7. State: [illegible]  
8. Zip: [illegible]  
9. Date of admission: [illegible]  
10. Date of discharge: [illegible]  
11. Name of attending physician: [illegible]  
12. Name of hospital: [illegible]  
13. Name of clinic: [illegible]  
14. Name of laboratory: [illegible]  
15. Name of X-ray department: [illegible]  
16. Name of pathology department: [illegible]  
17. Name of radiology department: [illegible]  
18. Name of surgery department: [illegible]  
19. Name of medicine department: [illegible]  
20. Name of pediatrics department: [illegible]  
21. Name of obstetrics and gynecology department: [illegible]  
22. Name of ophthalmology department: [illegible]  
23. Name of otolaryngology department: [illegible]  
24. Name of dermatology department: [illegible]  
25. Name of neurology department: [illegible]  
26. Name of psychiatry department: [illegible]  
27. Name of infectious diseases department: [illegible]  
28. Name of immunology department: [illegible]  
29. Name of allergy department: [illegible]  
30. Name of endocrinology department: [illegible]  
31. Name of nephrology department: [illegible]  
32. Name of gastroenterology department: [illegible]  
33. Name of hepatology department: [illegible]  
34. Name of pulmonology department: [illegible]  
35. Name of cardiology department: [illegible]  
36. Name of vascular medicine department: [illegible]  
37. Name of hematology department: [illegible]  
38. Name of oncology department: [illegible]  
39. Name of radiation oncology department: [illegible]  
40. Name of surgical oncology department: [illegible]  
41. Name of medical oncology department: [illegible]  
42. Name of clinical oncology department: [illegible]  
43. Name of clinical immunology department: [illegible]  
44. Name of clinical microbiology department: [illegible]  
45. Name of clinical chemistry department: [illegible]  
46. Name of clinical physics department: [illegible]  
47. Name of clinical nutrition department: [illegible]  
48. Name of clinical psychology department: [illegible]  
49. Name of clinical social work department: [illegible]  
50. Name of clinical ethics department: [illegible]

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered **52** **6684**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**MARY Woods**

2. DATE  
OF  
DEATH

**July 18, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore, Maryland**

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION **Jenkins Memorial Hosp.**

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
A. STATE **Maryland** B. COUNTY **Baltimore**

C. CITY OR TOWN, (If outside corporate limits, write RURAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)  
**25-41**

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**F.**

6. COLOR OR RACE

**W.**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**W.**

8. DATE OF BIRTH

**3-25-1880**

9. AGE (In years last birthday)

**72**

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housewife,**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**~~Delaware~~ Baltimore, Md.**

12. CITIZEN OF WHAT COUNTRY?  
**U.S.A.**

13. FATHER'S NAME

**Martin Hardiman**

14. MOTHER'S MAIDEN NAME

**unknown**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
**no**

16. SOCIAL SECURITY NO.  
**none**

17. INFORMANT

ADDRESS

**Jenkins Memorial Hosp. records**

1B. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebro-vascular accident.**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerotic - Cardiovascular Disease**

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **July 1**, 19**52**, to **July 18**, 19**52**, that I last saw the deceased alive on **July 18**, 19**52**, and that death occurred at **6:55 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

**burial**

**July 21, 1952**

**Cathedral**

**Baltimore, Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**JUL 19 1952**

**Huntington Williams, M.D.** **Vernon Lemmon** **4611 Park Heights Ave**

correct age is especially important. If physicians please state on cases of sudden death and a history

MEDICAL CERTIFICATION

1950

92

STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

1950

IN SENATE  
JANUARY 11, 1950  
REPORT  
OF THE  
COMMISSIONER OF THE  
DEPARTMENT OF SOCIAL SERVICES  
IN RESPONSE TO  
RESOLUTION NO. 100  
PASSED BY THE SENATE  
MAY 11, 1949  
AND  
RESOLUTION NO. 101  
PASSED BY THE SENATE  
MAY 11, 1949  
ALBANY: THE UNIVERSITY OF THE STATE OF NEW YORK PRESS  
1950



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6685  
Registered No. \_\_\_\_\_

655  
BIRTH NO. 6685

1. NAME OF DECEASED (Type or Print) <b>Charles Henry Birmingham</b>			2. DATE OF DEATH <b>July 19, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Garrison Nursing Home</b> <b>2803 Garrison Boulevard</b>			C. CITY OR TOWN (If outside incorporated limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>4122 Roland Avenue</b>			E. LENGTH OF STAY IN BALTIMORE <b>7 years</b> Yrs. _____ Mos. _____ Days _____		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 31, 1870</b>		9. AGE (In years last birthday) <b>81 82</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manufacturing Storage Batteries Retired</b>			11. BIRTHPLACE (State or foreign country) <b>New Jersey</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Unknown</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>?</b>	17. INFORMANT ADDRESS <b>C. H. Birmingham, Jr. 4122 Roland Avenue</b>		

18. <b>177X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma Prostate</b> DUE TO <b>Metastases to lungs</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b> <b>1 year</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(A) _____ (B) _____ (C) _____		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <b>March 10/52</b>	19B. MAJOR FINDINGS OF OPERATION <b>Transurethral Prostatectomy - Carcinoma</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec 29, 1944** to **July 19, 1952**, that I last saw the deceased alive on **July 19, 1952**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23. SIGNATURE <b>Leonard Willenstat M.D.</b>	23B. ADDRESS <b>848 W 36th St</b>	23C. DATE SIGNED <b>July 19/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 22, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Northwood Cemetery</b>
24D. LOCATION (City, town, county) <b>Philadelphia, Pa.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Burgee Funeral Home 3631 Falls Rd Balto. Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 19 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>

VS 150

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6686**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**HARRISON SPICER, Sr.**

2. DATE  
OF  
DEATH

**July 18, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**Franklin Square Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

**Maryland**

B. COUNTY

C. CITY OR TOWN

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**2522 Boyd Street**

5. SEX

**male**

6. COLOR OR RACE

**white**

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
**Married**

8. DATE OF BIRTH

**July 1, 1889**

9. AGE (in years  
last birthday)

**63**

If Under 1 Year  
Months Days

**17**

If Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Maintenance**

10B. KIND OF BUSINESS OR INDUSTRY

**Becker Pretzel Co. Trumansburg, N. Y.**

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

**Benjamin Spicer**

14. MOTHER'S MAIDEN NAME

**Catherine**

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

**218-09-9595**

17. INFORMANT

ADDRESS

**Elizabeth M. Spicer 2522 Boyd St.**

18. **422.1**

**CAUSE OF DEATH**

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

**July 18, 1952**

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

**Burial**  
**July 22, 1952**  
**London Park**  
**Baltimore**

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**JUL 19 1952**

**Wilmington, Md.**  
**Frederick H. Cole, 1913 W. Balto. St.**

V S 151

**554 44**

MEDICAL CERTIFICATION

*[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]*

652

# BURNS

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6687

Registered No. 52 6687

1. NAME OF DECEASED (Type or Print) <i>Rena Burns</i>		2. DATE OF DEATH <i>July 17 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>148 W Cross St</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE _____ B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 23-01</i>	
C. Length of stay in Baltimore _____ Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>148 W Cross St</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>Col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>Sept 14, 1889</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>D.</i>	9. AGE (In years last birthday) <i>62</i>
11. BIRTHPLACE (State or foreign country) <i>N.C.</i>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <i>Raleigh Farrow</i>		14. MOTHER'S MAIDEN NAME <i>Pauline Farrow</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>Annie Burns</i>		ADDRESS <i>148 W Cross St</i>	
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Respiratory failure</i> CAUSE OF DEATH (A) _____ DUE TO _____ <i>Hemiplegia</i> (B) _____ DUE TO _____ <i>Hypertensive Cardiovascular disease</i> (C) _____ INTERVAL BETWEEN ONSET AND DEATH _____			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. _____			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION _____	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <i>July 10, 1952</i> , to <i>July 17, 1952</i> , that I last saw the deceased alive on <i>July 16, 1952</i> , and that death occurred at <i>2:00 P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>C. Morosky M.D.</i>		23B. ADDRESS <i>601 N. Monroe St</i>	
23C. DATE SIGNED <i>7/18/52</i>		23D. M.O. _____	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>July 21, 52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cmt</i>		24D. LOCATION (City, town, or county) (State) <i>AAC. Md</i>	
25. FUNERAL DIRECTOR <i>Huntington Williams, Mt</i>		ADDRESS <i>108 W Montgomey St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 19 1952</i>		26. _____	

Pena

DEC 5-1



JONES  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6688

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Blanche A. Jones

2. DATE  
OF  
DEATH

July 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)

Va.

V-43

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Norfolk

D. STREET ADDRESS (If rural, give location)

104 Saravallette

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

11-2-97

9. AGE (in years,  
last birthday)

54

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

James Beauregard

14. MOTHER'S MAIDEN NAME

Cornelia Armstrong

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT  
ADDRESS  
JOHNS HOPKINS HOSPITAL

18. 591 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Congestive Failure

INTERVAL BETWEEN  
ONSET AND DEATH

Months

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Lower Nephron Nephrosis

19A. DATE OF OPERATION

6-28-52

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16, 1952, to 7-18, 1952, that I last saw the  
deceased alive on 7-18, 1952, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Harold Kay, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7-18-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

7/19/52

24C. NAME OF CEMETERY OR CREMATORY

Forest Lawn Cem.

24D. LOCATION (City, town, or county)

Norfolk, Va.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. M. J. Fisher &amp; Sons

ADDRESS

Bach 17, Md.

RECORDS OF THE DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL

1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
10	10	10	10	10	10	10	10	10	10
11	11	11	11	11	11	11	11	11	11
12	12	12	12	12	12	12	12	12	12
13	13	13	13	13	13	13	13	13	13
14	14	14	14	14	14	14	14	14	14
15	15	15	15	15	15	15	15	15	15
16	16	16	16	16	16	16	16	16	16
17	17	17	17	17	17	17	17	17	17
18	18	18	18	18	18	18	18	18	18

52 6689

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6689

Registered No.

BIRTH NO. 52-15734

1. NAME OF DECEASED  
(Type or Print)

Baby boy Lyles

2. DATE  
OF  
DEATH

7/13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Providence Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

Frederick

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Frederick

6011

D. STREET ADDRESS (If rural, give location)

28 N. All Saints St.

Length of stay in Baltimore

4 hrs.

5. SEX

male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)Yrs.  
Mos.  
Days

8. DATE OF BIRTH

7/12/52

9. AGE (In years  
last birthday)If Under 1 Year  
Months Days Hours Min.

4

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Donald Kenneth Lyles

14. MOTHER'S MAIDEN NAME

Joyce Mae Snowball

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

See above

18. 762.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Congenital Atelelectasis

DUE TO

3 46/60

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/12/52, 1952 to 7/13/52, 1952 that I last saw the  
deceased alive on 7/13/52, 1952, and that death occurred at 2:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1325 W. Landon Rd

7/13/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL JUL 16 1952

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 20 1952

Huntington Williams MD

Commissioner of Health



300  
52 6690BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6690

BIRTH NO. 52-15675

1. NAME OF DECEASED  
(Type or Print)

Baby Girl Boyd

2. DATE  
OF  
DEATH

7-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hospital

C. Length of stay in Baltimore

40 min.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Coleman Boyd

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN

Baltimore #22

D. STREET ADDRESS (If rural, give location)

3143 Baybriar Rd.

8. DATE OF BIRTH

7-7-52

9. AGE (In years last birthday)

—

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Eleanore Marie Beauchamp

17. INFORMANT

ADDRESS

18. 776x

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Prematurity

DUE TO

40 min.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-7, 1952 to 7-7, 1952 that I last saw the deceased alive on 7-7, 1952, and that death occurred at 12 Noon, from the causes and on the date stated above.

23A. SIGNATURE

R. Perez

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

7-9-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL JUL 14 1952

DATE RECEIVED BY LOCAL REGISTRY

REGISTRAR'S SIGNATURE

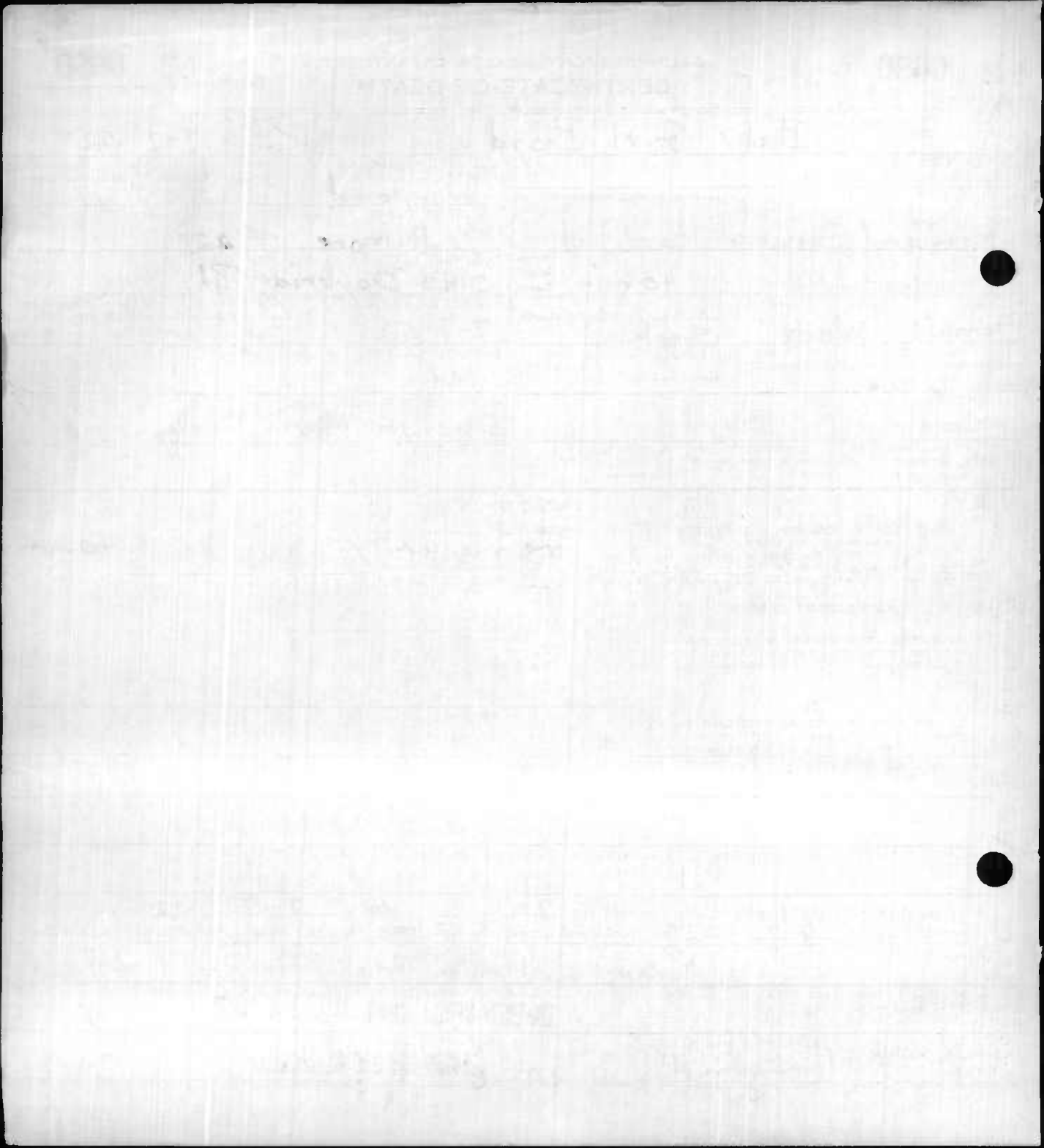
25. FUNERAL DIRECTOR

ADDRESS

JUL 20 1952

Huntington Williams, Jr.

Commissioner of Health





52 6691

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6691  
Registered No.

BIRTH NO. 52-15633

1. NAME OF DECEASED  
(Type or Print)

BABY GIRL MEADOWS

2. DATE  
OF  
DEATH

July 13 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

(before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)

Hospital for Women of Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2910 N. Calvert Street

6. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

July 11 1952

9. AGE (in years

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore - Maryland

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Cecil Meadows

14. MOTHER'S MARRIAGE NAME

Mertie Browning Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 776X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) PREMATURE

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B) PREMATURE ONSET of LABOR (29 wks)

(C) UNKNOWN

34 1/2 hr

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 7-11, 1952 to 7-13, 1952, that I last saw the  
deceased alive on 7-13, 1952, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Hunt W. Williams

M. D.

23B. ADDRESS

Hospital for Women of Md.  
Baltimore Md

23C. DATE SIGNED

7-13-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL JUL 16 1952

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

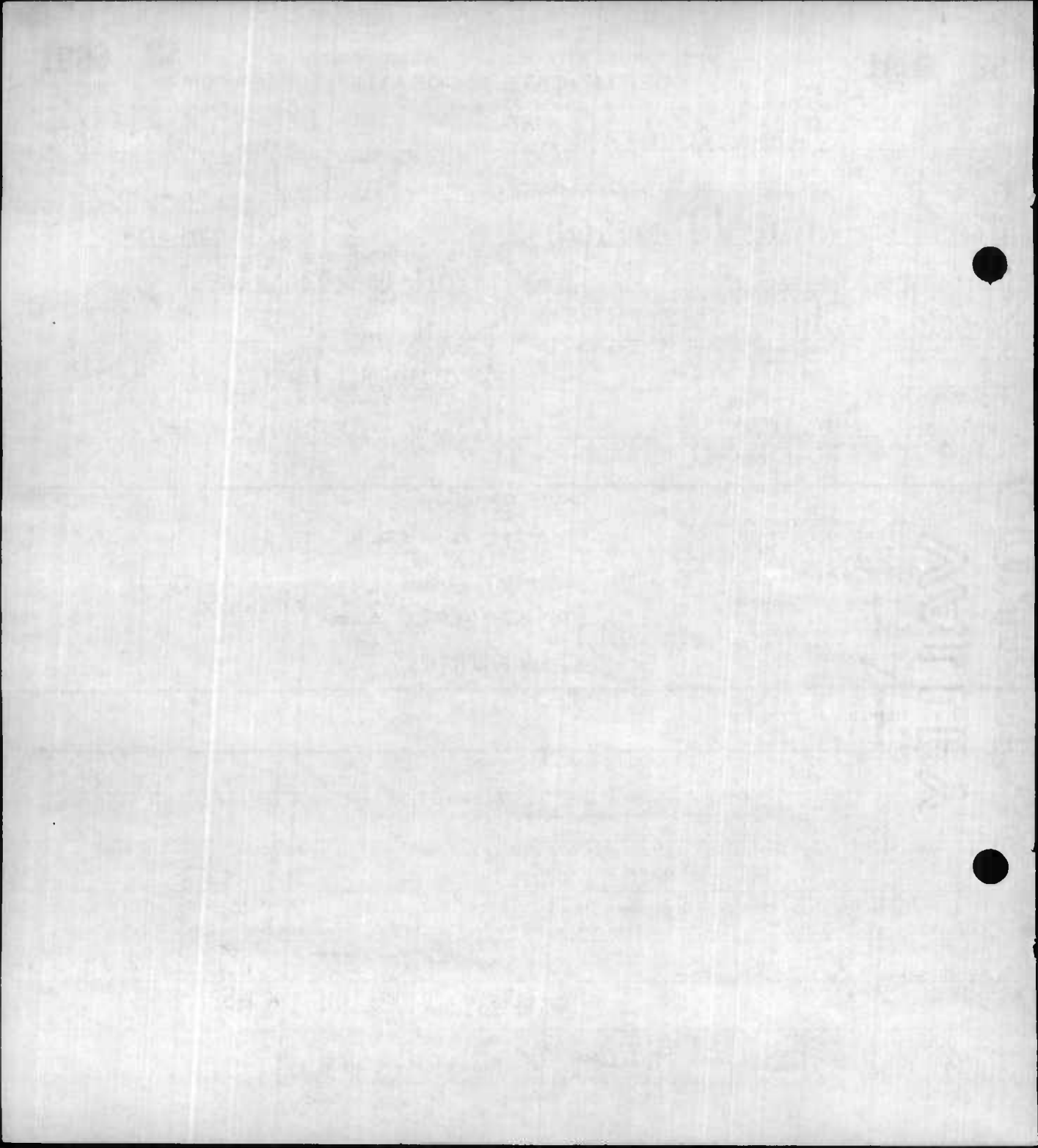
JUL 20 1952

Hunt W. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health



352

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6692

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Baby Boy Stennis

2. DATE  
OF  
DEATH

7/11/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

13-03

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

University Hospital

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2645 Frances St.

Length of stay in Baltimore

1

5. SEX

M

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

7/10/52

9. AGE (In years  
last birthday)

10

If Under 1 Year  
Months: Days: Hours: Min.

1

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR  
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

FRANK Stennis

14. MOTHER'S MAIDEN NAME

Dorothy Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

## CAUSE OF DEATH

18. 762.5 I

INTERVAL BETWEEN  
ONSET AND DEATH

10 min

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Atelectasis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Prematurity

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/10, 1952, to 7/11, 1952, that I last saw the  
deceased alive on 7/11, 1952, and that death occurred at 7:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Madeline R. McGrady

M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

7/15/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL JUL 17 1952

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

DEPARTMENT OF HEALTH

STATE OF TEXAS

52 6693

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6693

BIRTH NO. 22-15623

1. NAME OF DECEASED  
(Type or Print) Baby Boy BARNES

2. DATE OF DEATH July 13, 1952

3. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE MD. B. COUNTYB. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
UNIVERSITY HOSPITALC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE 18-01C. Length of stay in Baltimore 1 Day  
Yrs. Mos. DaysD. STREET ADDRESS (If rural, give location)  
856 VINE ST.

5. SEX M 6. COLOR OR RACE C 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 7/12/52 9. AGE (In years last birthday) 7 Months: 7 Days: 1

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
INFANT

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
MD.12. CITIZEN OF WHAT COUNTRY?  
USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
NO

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
MOTHER 856 VINE ST

18. 76210

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Aspiration: Atelectasis (?)

30 MIN

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1952, to July 13, 1952, that I last saw the deceased alive on July 13, 1952, and that death occurred at 6:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 20 1952

Huntington Williams, M.D.

Commissioner of Health

UNIVERSITY MEDICAL SCHOOL JUL 17 1952

1981 38

CERTIFICATE OF DEATH

STATE OF NEW YORK

TO BE COMPLETED BY THE PHYSICIAN

Blank form with horizontal lines for text entry.



52 6694

# NAPIERALSKI BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6694  
Registered No.

BIRTH NO. 52-19480

1. NAME OF DECEASED (Type or Print) <b>BABY BOY NAPIERALSKI</b>		2. DATE OF DEATH <b>JULY 13, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>UNIVERSITY HOSPITAL.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 1-04</b>	
Length of stay in Baltimore <b>LIFE</b>		D. STREET ADDRESS (If rural, give location) <b>2703 FAIR AVE.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>JULY 7, 1952</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>MARY NAPIERALSKI</b>		ADDRESS <b>SAME</b>	

18. <b>762.0 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) <b>ASPIRATION - ATELECTASIS</b>			<b>6 HRS</b>
DUE TO			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **7/12/52**, 19**52**, to **7/13**, 19**52**, that I last saw the deceased alive on **7/13**, 19**52** and that death occurred at **1:30** p.m., from the causes and on the date stated above.

23A. SIGNATURE **Raymond L. Bennett** M.D. 23B. ADDRESS **University Hospital** 23C. DATE SIGNED **7/13/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY **UNIVERSITY MEDICAL SCHOOL** 24D. LOCATION (City, town, or county) (State) **JUL 17 1952**

DATE RECEIVED BY LOCAL REGISTRAR **JUL 20 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Charles E. Smith** ADDRESS

1000

5

BUREAU OF HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1910

10

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

OCCUPATION

EDUCATION

RELIGION

MARRIAGE

SOCIETY

FAMILY

SIGNATURE

DATE

PAGE

620

52 6695

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6695

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)*Alveta R. Gross*2. DATE  
OF  
DEATH*July 17<sup>th</sup> 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *2031 E. North Ave*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *MD* B. COUNTY *8-05*B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTEC. CITY OR TOWN (If outside corporate limits, write RAIL and give township)  
*Balto*

C. Length of stay in Baltimore

*Md Life*Yrs.  
Mos.  
DaysD. STREET ADDRESS (If rural, give location)  
*2031 E. North Ave*

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10 Under 1 Year

11 Under 24 Hours

*Female White**Married**Mar 31<sup>st</sup>**37**37**37*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

*Housewife*

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

*MD*

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

*Henry Wooden**Wilhelmina Senger*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
*Wm. F. Gross 2031 E. North Ave*18. *174X*

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Carcinoma Uterus**1 1/2 mos.*

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) *Metastasis into Bladder + rectum*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

*1 1/2 mo ago**Carcinoma Uterus*YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *Oct 10*, 1951, to *July*, 1952, that I last saw the deceased alive on *July*, 1952, and that death occurred at *8 P* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*Jacob Fishus*

M. D.

*3422 Belair Rd.**7/22/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Burial**July 21, 1952**Western View**Edmondson Ave*

DATE RECEIVED BY LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

*JUL 20 1952**Huntington Williams**Leo S. Cook**1703 N. Patt Park Ave*

15 25

RECEIVED  
OFFICE OF THE  
SHERIFF

1915

W. J. W. A.

1915

1915

52 6696

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6696

Registered No.

BIRTH NO.

## 1. NAME OF DECEASED

(Type or Print) Schmedes, Adam Bernard

2. DATE  
OF  
DEATH

7-18-52

## 3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Saint Joseph Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 8-05

D. STREET ADDRESS (If rural, give location)

1742 Darley Avenue

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

## 8. DATE OF BIRTH

Oct. 13, 1886

9. AGE (In years  
last birthday)

65

10. Under 1 Year  
Months: Days  
11. Under 24 Hours  
Hours: Min.

9

5

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Foreman, Cloth Dept.

10B. KIND OF BUSINESS OR  
INDUSTRY

National Casket Co.

## 11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

## 13. FATHER'S NAME

Bernard Schmedes

## 14. MOTHER'S MAIDEN NAME

Mary Fink

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL  
SECURITY NO.  
213-05-1777

## 17. INFORMANT

Mrs. Mary A. Schmedes-1742 Darley Avenue

## ADDRESS

18. 42011 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hypertension (Ildropathic)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Lobar pneumonia, Left lower & Middle  
lobes

## 19A. DATE OF OPERATION

## 19B. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK22. I hereby certify that I attended the deceased from 7-18-2:05, 1952, to 7-18-4:25, 1952, that I last saw the  
deceased alive on 7-18, 1952, and that death occurred at 4:25 p.m., from the causes and on the date stated above.

## 23A. SIGNATURE

John M. Krager

M. D.

## 23B. ADDRESS

Saint Joseph Hospital

## 23C. DATE SIGNED

7-18-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

## 24B. DATE

July 22, 1952

## 24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

## 24D. LOCATION (City, town, or county)

Edmondson Ave., Balto: Md.

## (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

## REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

## FUNERAL DIRECTOR

George J. Ruth, Inc.-1735 Harford Avenue

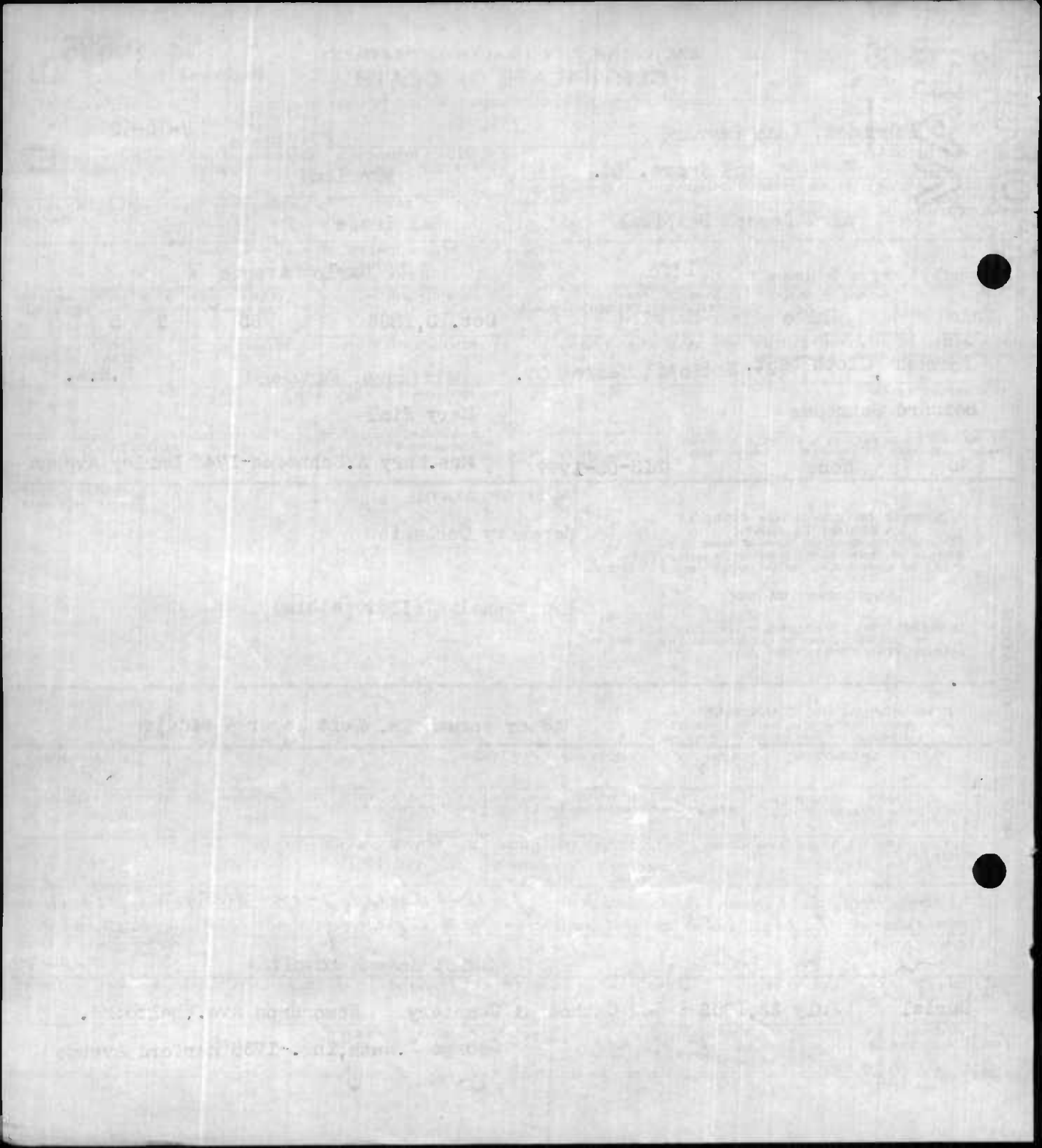
## ADDRESS

JUL 20 1952

VS 150

52332

MEDICAL CERTIFICATION





610  
52 6697BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6697  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <u>Harry Lewis Erbe</u>			2. DATE OF DEATH <u>July 18, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore, Md.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>S. PHS Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>64</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>903 W. Coldspring Lane</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr 26, 1888</u>	9. AGE (In years last birthday) <u>64</u>	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>			11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		
10B. KIND OF BUSINESS OR INDUSTRY <u>Coffee</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>John Henry Erbe</u>			14. MOTHER'S MAIDEN NAME <u>Nannie Perkins</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>Records, IIS PHS Hospital, Baltimore, Md.</u>		

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Myocardial infarction, recent</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Arteriosclerosis, general</u> DUE TO		<u>Undet.</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>✓</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1952 to July 18, 1952 that I last saw the deceased alive on July 18, 1952 and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE <u>J. A. Hunter, Jr., Sr. Surgeon</u>		23B. ADDRESS <u>US PHS Hospital</u> <u>Wyman Park Drive &amp; 31st St.</u>		23C. DATE SIGNED <u>July 19, 1952</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>7/21/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Loudon Park Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Balto., Md.</u>	

DATE RECEIVED BY LOCAL REGISTRAR <u>JUL 20 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, MD</u>	25. FUNERAL DIRECTOR <u>Wm. J. Viskner &amp; Sons</u>	ADDRESS <u>490636 W 9 Balto 17, Md.</u>
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550  
52 6698BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6698

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN C. NOONAN

2. DATE  
OF  
DEATH

17 July '52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

FRANKLIN SQ HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 12-06

D. STREET ADDRESS (If rural, give location)

2800 N. HOWARD ST.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Mar. 21, 1884

9. AGE (In years  
last birthday)

68

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR  
INDUSTRY

City Park

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JOHN C. NOONAN

14. MOTHER'S MAIDEN NAME

EMMA M. WILLIAMS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Novella T. Noonan - 2800 N. Howard St

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) ACUTE CORONARY INFARCTION

5 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) CORONARY ARTERIOSCLEROSIS

DUE TO

(C) GENERALIZED ARTERIOSCLEROSIS

MEDICAL CERTIFICATION

11  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

NONE

20. AUTOPSY?

YES ☒ 4 NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 17 July, 1952 to 17 July, 1952 that I last saw the  
deceased alive on 17 July, 1952 and that death occurred at 9:59 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Dale H. B.

M. D.

23B. ADDRESS

Franklin Sq. Hosp.

23C. DATE SIGNED

18 July '52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/21/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 20 1952

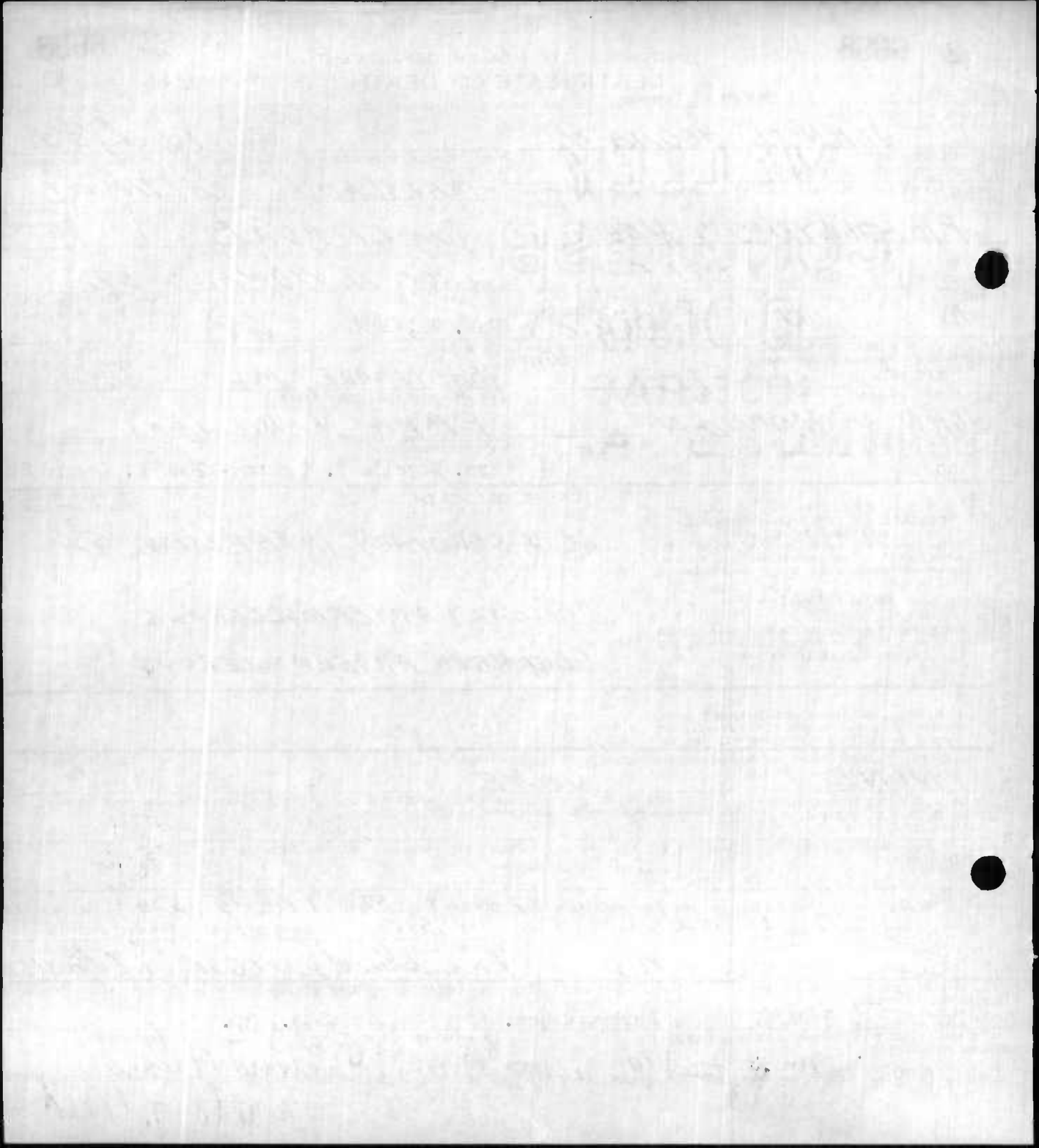
Huntington Williams, Jr.

Wm. J. Sweeney &amp; Sons

VS 150

523 93

Balto 17, Md.



52 6699

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6699

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

THERESA IULA

2. DATE  
OF  
DEATH

July 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Hood Nursing Home

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

5313 Edmondson Ave.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
widowed

8. DATE OF BIRTH

Feb. 10, 1865

9. AGE (In years  
last birthday)

87

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Felice Padula

14. MOTHER'S MAIDEN NAME

Maria A. Padula

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, or or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.  
no

17. INFORMANT

ADDRESS

Mrs. Felice S. Iula - Kingsville, Md.

18. 199.9

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Generalized Carcinomatosis

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)Uremia  
Malnutrition & DehydrationII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/12, 1952 to 7/18, 1952, that I last saw the  
deceased alive on 7/18, 1952, and that death occurred at 3:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/21/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 20 1952

Huntington Williams, M.D.

St. John J. Pickner &amp; Sons

VS 150

Balto 17, Md.

MEDICAL CERTIFICATION

10



52 6700

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6700

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

FRANK HOCKADAY

2. DATE  
OF  
DEATH

July 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

441 Rosebank Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

441 Rosebank Ave.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Nov. 18, 1885

9. AGE (In years  
last birthday)

66 67

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

machinist

10B. KIND OF BUSINESS OR  
INDUSTRY

Industrial Belt Mfg

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Daniel Hockaday

14. MOTHER'S MAIDEN NAME

Agnes Turcan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Helen Hockaday - 441 Rosebank Ave.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952 to 1952, that I last saw the  
deceased alive on 16 July, 1952, and that death occurred at 2 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/21/52

24C. NAME OF CEMETERY OR CREMATORY

Gorans Presby. Ch. Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 20 1952

Huntington Williams

Wm. J. Vickers &amp; Sons

VS 150

5444X

Balto 17 md

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTRAL OFFICE OF DEATH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

OFFICE OF THE ATTORNEY GENERAL

52 6701

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6701  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>FANNIE BOYER NEEPIER</b>		2. DATE OF DEATH <b>7/18/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Union Memorial Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE - 11 13-06</b>	
D. Length of stay in Baltimore <b>Lifetime</b>		E. STREET ADDRESS (If rural, give location) <b>835 WELLINGTON STREET</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>NOV. 28, 1875</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <b>76</b>
13. FATHER'S NAME <b>REV. WILLIAM J. NEEPIER</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>ANNIE BOYER</b>	
17. INFORMANT <b>HARRY W. NEEPIER</b>		ADDRESS <b>3401 DUVALL AVE - BALT-16</b>	

18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Respiratory failure</b> DUE TO (B) <b>arteriosclerotic heart disease</b> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
19. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Emphysema, bronchitis</b>	

19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JULY 1, 1952** to **JULY 18, 1952**, that I last saw the deceased alive on **JULY 18, 1952**, and that death occurred at **8:55 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Georgia Reynolds</b>	23B. ADDRESS <b>Union Memorial Hospital</b>	23C. DATE SIGNED <b>7/18/52</b>
---	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/21/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 20 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Wm. J. Vickner &amp; Sons</b>	
		ADDRESS <b>Balto 17 Md</b>	

1070

THE UNIVERSITY OF CHICAGO

1071

THE UNIVERSITY OF CHICAGO



-650  
52 6702BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6702

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SARAH FRANCES Durham

2. DATE  
OF  
DEATH

July 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

123 N. CAREY ST

Yrs.  
Mos.  
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE CITY

D. STREET ADDRESS (If rural, give location)

123 N. CAREY STREET

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 31, 1866

9. AGE (In years

last birthday)

85

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Theodore Larimore

14. MOTHER'S MAIDEN NAME

--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. James E. Durham, Jr.-123 N. Carey St.

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Cerebral Hemorrhage  
DUE TO With LEFT HEMIPLEGIA

9 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-Vascular  
DUE TO DISEASE  
(C) Arteriosclerosis2 YEARS  
?II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Senility

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from August 3, 1950, to July 19, 1952, that I last saw the deceased alive on July 18, 1952, and that death occurred at 3.50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Borden

M. D.

23B. ADDRESS

5000 Old Frederick Rd

23C. DATE SIGNED

7/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/21/52

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUL 20 1952

REGISTRAR'S SIGNATURE

Huntington W. H. ...

25. FUNERAL DIRECTOR

ADDRESS

Balto 17 Md.

CERTIFICATE OF DEATH

1. NAME OF DECEASED  
2. SEX  
3. AGE  
4. DATE OF BIRTH  
5. PLACE OF BIRTH  
6. OCCUPATION  
7. CAUSE OF DEATH  
8. DATE OF DEATH  
9. PLACE OF DEATH  
10. SIGNATURE OF REGISTRAR  
11. SIGNATURE OF MEDICAL OFFICER  
12. SIGNATURE OF WITNESSES

13. NAME OF REGISTRAR  
14. NAME OF MEDICAL OFFICER  
15. NAME OF WITNESSES  
16. NAME OF DECEASED  
17. SEX  
18. AGE  
19. DATE OF BIRTH  
20. PLACE OF BIRTH  
21. OCCUPATION  
22. CAUSE OF DEATH  
23. DATE OF DEATH  
24. PLACE OF DEATH  
25. SIGNATURE OF REGISTRAR  
26. SIGNATURE OF MEDICAL OFFICER  
27. SIGNATURE OF WITNESSES







654  
52 6704BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6704  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GREENWALD, Eva B.

2. DATE  
OF  
DEATH

7.19.52.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION  
(If not in hospital or institution, give street address or location)

Sinai Hospital of Balto

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-17

D. STREET ADDRESS (If rural, give location)

Sevendale Old Aged Home.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

7

9. AGE (In years last birthday)

86

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Victor Scherr

14. MOTHER'S MAIDEN NAME

Ida

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Belia Toback - 2318 Koto Lane

18. 199.9

CAUSE OF DEATH.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Cachexia

(C) DUE TO

Possible carcinomatosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7.1.52, 1952, to 7.19, 1954, that I last saw the deceased alive on 7.19, 1952, and that death occurred at 10:40 a. m., from the causes and on the date stated above.

23A. SIGNATURE

E. Chelminsky

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

7.19.52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7-20-52

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR  
JUL 20 1952

REGISTRAR'S SIGNATURE

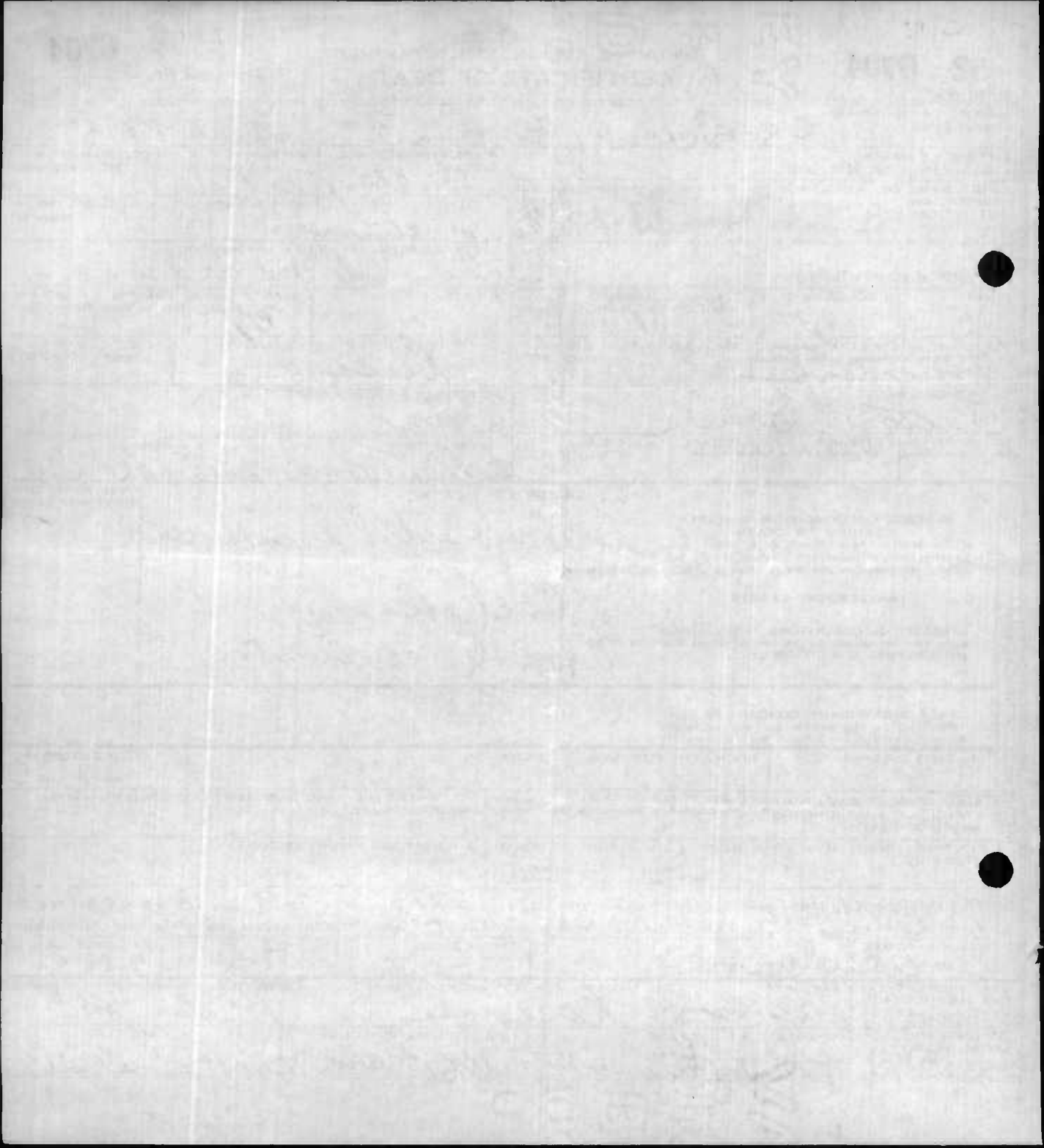
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Eutan Rd



543

52 6705

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6705

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>AYMOLD, WILLIAM</b>		2. DATE OF DEATH <b>7-18-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>S.B.G.H</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>1213 Light St. South Baltimore General Hospital.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>1248 William St.</b>		E. LENGTH OF STAY IN BALTIMORE <b>63 yrs.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 19, 1889</b>
9. AGE (In years last birthday) <b>62 63 yrs.</b>		10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Allen Son &amp; Co.</b>	
11. BIRTHPLACE (State or foreign country) <b>Balto. Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Bernard Aymold</b>		14. MOTHER'S MAIDEN NAME <b>Mildred Mates</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>Unknown</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Sarah Aymold (wife)</b>		ADDRESS <b>1248 William St.</b>	

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>200.1</b>	(A) <b>Pulmonary Infarct (Neoplastic)</b>	INTERVAL BETWEEN ONSET AND DEATH <b>30 hrs. Onset of infarction leading to death.</b>
ANTECEDENT CAUSES	(B) <b>Lymphosarcoma</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Pneumonitis, secondary**

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 18, 1952</b> to <b>July 18, 1952</b> , that I last saw the deceased alive on <b>July 18, 1952</b> , and that death occurred at <b>5:00 pm.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Sacinto Lockoco Jr.</b>		23B. ADDRESS <b>South Balto. Gen Hospital</b>		23C. DATE SIGNED <b>7-18-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>7/21/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cem</b>	
24D. LOCATION (City, town, or county) (State) <b>E. North ave.</b>		25. FUNERAL DIRECTOR <b>Huntington Williams</b>		ADDRESS <b>318 Light</b>	

2055

DEATH CERTIFICATE

1900

WILLIAM  
J. BROWN  
MAY 10 1900  
NEW YORK

WILLIAM J. BROWN  
MAY 10 1900  
NEW YORK

WILLIAM J. BROWN  
MAY 10 1900  
NEW YORK

WILLIAM J. BROWN  
MAY 10 1900  
NEW YORK



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6706  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Henry N. Bahlman

2. DATE  
OF  
DEATH

7/17/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

South Baltimore General Hospital

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 24-04

D. STREET ADDRESS (If rural, give location)

501 E. Fort Avenue

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

79

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Geo N. Bahlman

14. MOTHER'S MAIDEN NAME

MARY SWISLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 154X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Uremia

DUE TO

Several  
months

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Carcinoma of rectum, inoperable.

DUE TO

(C) Hypertensive Cardio-vascular disease

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1952 to July 17, 1952, that I last saw the  
deceased alive on July 17, 1952, and that death occurred at 11:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Chas Chinn

M. D.

23B. ADDRESS

South Baltimore Gen. Hosp.

23C. DATE SIGNED

July 17, 52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

7/21/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem Reschio Highway

24D. LOCATION (City, town or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

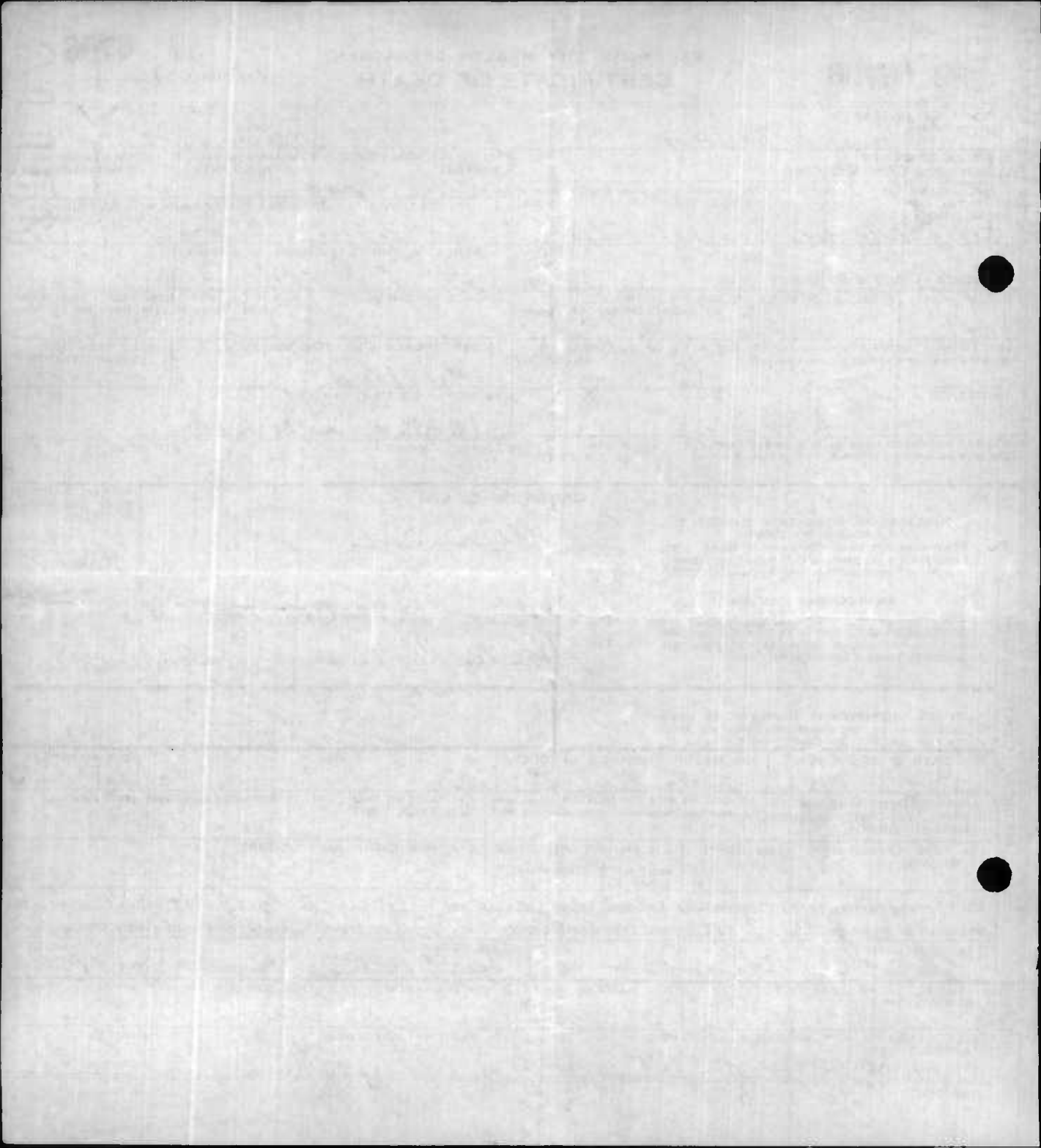
25. FUNERAL DIRECTOR

ADDRESS

JUL 20 1952

Huntington Williams, M.D.

J. J. Taylor, Jr. 1318 E. 4th St



# CERTIFICATE CORRECTED 7-30-52

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6707 Registered No. 52 6707

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Henry M. Cooper Sr.</b>		2. DATE OF DEATH <b>19 7-18-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>23-02</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>South Baltimore General Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>1208 Light St.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7-24-1888</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		9. AGE (In years last birthday) <b>63</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>Ice Cream Mfg.</b>		11. BIRTHPLACE (State or foreign country) <b>Balto., Md.</b>	
13. FATHER'S NAME <b>George F. Cooper</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		14. MOTHER'S MAIDEN NAME <b>Sadie Waters</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Flossie E. Cooper</b>	
18. <b>5810 and 260X</b>		ADDRESS <b>1318 Paterson St.</b>	

### CAUSE OF DEATH

18. **5810 and 260X**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Heat Stroke**  
DUE TO

### ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Diabetic Acidosis**  
DUE TO  
(C) **Corrosion, liver (?)**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Atelectasis, lung, right**

19A. DATE OF OPERATION <b>7-19-52</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 16, 1952</b> , to <b>July 18, 1952</b> , that I last saw the deceased alive on <b>July 18, 1952</b> and that death occurred at <b>12:50 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Jacinto Lochocho Jr.</b>		23B. ADDRESS <b>1213 Light St. Balto Md.</b>		23C. DATE SIGNED <b>7-19-52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>7/21/1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Landon Park</b>		24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 20 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>Thyner &amp; Fleming</b>		ADDRESS <b>1426 Light St.</b>	

Q. 1383

# CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

52 6708

Registered No. 52 6708

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>GEORGE J. ZAPOTOCKY</b>		2. DATE OF DEATH <b>July 17, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore City</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Anne Arundel</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>South Baltimore General Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>5312 Brookwood Road</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>I/26/1907</b>
		9. AGE (In years last birthday) <b>45</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Inspector</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>U.S. Ordinance Dept.</b>	11. BIRTHPLACE (State or foreign country) <b>Balto. Md.</b>
13. FATHER'S NAME <b>Joseph Zapotocky</b>		14. MOTHER'S MAIDEN NAME <b>Antonia Kopaceke</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT ADDRESS <b>Agnes K. Zapotocky 5312 Brookwood</b>	

18. <b>E978X and 322.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Multiple fractures of ribs &amp; spine</b>	CAUSE OF DEATH <b>Multiple fractures of ribs &amp; spine</b>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Contusion of lung</b>	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>D. Hemoperitoneum</b>	
21. <b>Delerium tremens due to chronic alcoholism</b>	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. TO CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>home Hospital</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>South Baltimore General Hosp. 5312 Brookwood Rd. 1213 Light St.</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>July 17, 1952 1:10 P. m.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Jumped out of 3rd floor window</b>
22. I certify that I took charge of the remains described above, held an <b>autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <b>J. R. Fisher</b>	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED <b>July 18, 1952</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/21/1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Cross</b>	24D. LOCATION (City, town, or county) (State) <b>A.A. Co. Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 20 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR ADDRESS <b>Flynn &amp; Fleming 1426 Light St.</b>	

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400  
52 6709FEELE  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6709  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>M. Blanche Fehle</i>			2. DATE OF DEATH <i>July 17, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Fruitland</i>		
C. Length of stay in Baltimore Yrs. Mos. Days <i>5300</i>			D. STREET ADDRESS (If rural, give location) <i>Ridgely Road</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>4-14-88</i>	9. AGE (In years last birthday) <i>64</i>	If Under 1 Year Months: Days If Under 24 hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>md.</i>
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <i>Clifford Kauffman</i>		
14. MOTHER'S MAIDEN NAME <i>Wilhelmina Bremen</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i>	CAUSE OF DEATH (A) <i>Uremia</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>1 wk.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Chronic Nephritis</i> <i>Hypertensive Cardiovascular Disease</i>	(B) <i>Chronic Nephritis</i> DUE TO (C) <i>Hypertensive Cardiovascular Disease</i>	<i>at least 6 yrs.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>7-17-52</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7-17*, 1952, to *7-17*, 1952, that I last saw the deceased alive on *7-17*, 1952, and that death occurred at *6 p. m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Thomas P. Hendrix</i>	23B. ADDRESS M. O. <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>7/18/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7-21-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 20 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, MD.</i>	25. FUNERAL DIRECTOR <i>J. Howard Strong</i>	ADDRESS <i>3207 W. North Ave.</i>
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MEDICAL CERTIFICATION

25 4700

THE  
FEDERAL BUREAU OF INVESTIGATION  
DEPARTMENT OF JUSTICE

100-4700

100-4700

100-4700

100-4700

100-4700

100-4700

100-4700

100-4700

100-4700

52 6710

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6710  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John S. O'Toole

2. DATE  
OF  
DEATH

7-17-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

9-01

D. STREET ADDRESS (If rural, give location)

417 Northhill Rd.

Length of stay in Baltimore

Lite

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 5, 1905

9. AGE (In years  
last birthday)

46

If Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR  
INDUSTRY

O.P.S.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph O'Toole

14. MOTHER'S MAIDEN NAME

Selena Turner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

16. SOCIAL  
SECURITY NO.

219-107340

17. INFORMANT

Wife

ADDRESS

18. 331X

219-10-7340

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

2 hours

DUE TO

## ANTECEDENT CAUSES

(B)

Malignant Hypertension

5 years

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1953 to 7-17, 1953, that I last saw the  
deceased alive on 7-17, 1953 and that death occurred at 9 a. m., from the causes and on the date stated above.

23A. SIGNATURE

C. N. Flynn

M. D.

23B. ADDRESS

11 E. Chase St.

23C. DATE SIGNED

7-17-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

JULY 21-1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

4300 Old Frederick Rd BALTY MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Thomas J. Kenny, Inc. 1600 Hollins St

ADDRESS

JUL 20 1952

VS 150

390 91

MEDICAL CERTIFICATION

017

017 32

24

GERARDINE

HAENSLER

X

52 6711

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6711

1. NAME OF DECEASED (Type or Print) <b>GERARDINE M. HAENSLER</b>		2. DATE OF DEATH <b>July 18, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Q3N</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Anne Arundel</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Eslen Burnie</b>	
c. Length of stay in Baltimore <b>LIFE</b>		D. STREET ADDRESS (If rural, give location) <b>R2 Box 139 5200</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 29, 1919</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife (PITTS)</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>PITTS CHERRY CO</b>	9. AGE (In years, last birthday) <b>33</b>
13. FATHER'S NAME <b>John F. Start</b>		11. BIRTHPLACE (State or foreign country) <b>Md.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. SOCIAL SECURITY NO. <b>212-07-9726</b>		14. MOTHER'S MAIDEN NAME <b>Mary Eder</b>	
17. INFORMANT <b>JOHNS HOPKINS HOSPITAL</b>		ADDRESS	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 years?</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Bilateral Hydronephrosis, pyelo-nephritis chronic</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>7-18</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) <b>7-18, 1952</b>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7-1</b> , 19 <b>52</b> , to <b>7-18</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7-18</b> , 19 <b>52</b> , and that death occurred at <b>12:17 A.M.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>K. E. DeFammas</b>		23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>	
23C. DATE SIGNED <b>7/18/52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 21-52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Holy Cross</b>		24D. LOCATION (City, town, or county) (State) <b>Adelphi Hvy. Balto. Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 21 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
VS 150		FUNERAL DIRECTOR <b>1800 E. Lombards</b>	

MEDICAL CERTIFICATION

69042

85 8711

STATE OF NEW YORK  
DEPARTMENT OF HEALTH

1911

James J. ...

...  
...  
...

X

11/11

11/11



510

52 6712

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6712

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MYRTLE SENIFF

2. DATE  
OF  
DEATH

7/19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md. 429 Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNIVERSITY HOSP

C. CITY OR TOWN

BALTIMORE

5300

D. STREET ADDRESS (If rural, give location)

4319 BARRINGTON RD.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed - Od.

8. DATE OF BIRTH

20, 1874

9. AGE (In years  
last birthday)

77 78

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR  
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Dex. Ill.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Nicholas Forehan

14. MOTHER'S MAIDEN NAME

Nancy ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Russell Seniff, 4319 Barrington Rd.

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

PNEUMONIA

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

PULMONARY CARCINOMA

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1952 to 7/19, 1952 that I last saw the  
deceased alive on 7/19, 1952 and that death occurred at 9 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Michael J. Foley

M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

7/24/52

24. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

July 20/52

24C. NAME OF CEMETERY OR CREMATORY

South Centry

24D. LOCATION (City, town, or county) (State)

Pittsfield, Ill.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Harry H. Gitzke

ADDRESS

4101 E. Madison Ave

JUL 21 1952

VS 150

1978 92

THE UNITED STATES OF AMERICA  
DEPARTMENT OF THE ARMY  
HEADQUARTERS

1978 92

NY 100-100000

NY 100-100000

NY 100-100000

-500

CERTIFICATE CORRECTED 7-28-52

52 6713

52 6713

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LILLIAN

Kain

2. DATE  
OF  
DEATH

July 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION(If not in hospital or institution, give street address or location)  
Snyder Nursing Home

4700 Harford Road

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4700 Harford Road

Length of stay in Baltimore

28 yrs.

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 7, 1878

9. AGE (in years  
last birthday)

74

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

House Keeper

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Alexandria Kain

14. MOTHER'S MAIDEN NAME

Lucy Kidd

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

18.

350X I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## CAUSE OF DEATH

Paralysis aptens

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Malnutrition

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from 7-20 - 1952 to 7-21, 1952, that I last saw the deceased alive on 7-20, 1952 and that death occurred at 4:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William H. Hunt

M. D.

23B. ADDRESS

3701 Calloway Avenue

23C. DATE SIGNED

7-21-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/24/52

24C. NAME OF CEMETERY OR CREMATORY

Bethel Cem.

24D. LOCATION (City, town, or county)

Middlesex  
Saluda, Virginia

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road

JUL 21 1952

VS 150

MEDICAL CERTIFICATION

Dr. J. J. Jones

52 6714

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6714

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John H. Immel

2. DATE  
OF  
DEATH

7-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

3025 Dona Terrace

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-02

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

3025 Dona Terrace

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 6, 1895

9. AGE (In years  
last birthday)

5-7

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR  
INDUSTRY

American Brewery

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Henry Immel

14. MOTHER'S MAIDEN NAME

Margaret E. Engel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

World War I

16. SOCIAL  
SECURITY NO.17. INFORMANT  
Margaret E. Engel - 3025 Dona Terrace

ADDRESS

## CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

CANCER LUNG  
LEFTINTERVAL BETWEEN  
ONSET AND DEATH

(?)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

7/14/52

19B. MAJOR FINDINGS OF OPERATION

Biopsy of Lung.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/3/52, to 7/17/52, 1952, that I last saw the  
deceased alive on 7/17, 1952 and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Walter E. Kayser

23B. ADDRESS

4331 Hayfield Rd

23C. DATE SIGNED

7/18/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7-21-52

24C. NAME OF CEMETERY OR CREMATORY

Hoodlawn Cem.

24D. LOCATION (City, town, or county)

Hoodlawn Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John C. Miller Inc. - 2435 E. Oliver St.

ADDRESS

THE NATIONAL ARCHIVES  
COLLECTION OF  
RECORDS OF THE  
UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
WASHINGTON, D.C. 20246



630

52 6715

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6715  
Registered No.

BIRTH NO. 52 716152

1. NAME OF DECEASED (Type or Print) <i>John Howard</i>		2. DATE OF DEATH <i>July 20, 52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore - 26-07</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>208 Oldham St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>-</i>	8. DATE OF BIRTH <i>July 11, 1952</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <i>9</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Ind.</i>	
13. FATHER'S NAME <i>John Howard</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <i>Marlene Jones</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>770.5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Acute purulent meningitis</i> DUE TO <i>organism unknown</i> (B) <i>Prematurity and</i> DUE TO <i>possible erythroblastosis</i> (C)	INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>7/20/52</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *July 20, 1952* to *July 20, 1952* at I last saw the deceased alive on *July 20, 1952* and that death occurred at *2:30* m., from the causes and on the date stated above.

23A. SIGNATURE *Arthur W. Webb* M.D. 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED *7/20/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24B. DATE <i>7-21-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cem North Ave - Balto Md</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore - 2435 E Olney St</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 21 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>John C. Miller</i>	

2012

OFFICE OF THE ATTORNEY GENERAL  
STATE OF NEW YORK

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52 6716

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6716

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HARRY Goldstein

2. DATE  
OF  
DEATH

7-20-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

3805 Egerton Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 2-02

D. STREET ADDRESS (If rural, give location)

129 So Broadway

Length of stay in Baltimore

46

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

70

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR  
INDUSTRY

mens clothing

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Moses

14. MOTHER'S MAIDEN NAME

Chia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Leon Golden - 3805 Egerton Rd

18. 422.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

General Arteriosclerosis 5 yrs  
Chronic Myocarditis 5 yrsINTERVAL BETWEEN  
ONSET AND DEATH

5 yrs

5 yrs

MEDICAL CERTIFICATION

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19<sup>th</sup> to July 20, 1952, that I last saw the  
deceased alive on July 20, 1952 and that death occurred at 7:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Melton L. Solomon M. O.

23B. ADDRESS

129 So Broadway

23C. DATE SIGNED

7-20-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7-21-52

24C. NAME OF CEMETERY OR CREMATORY

Herring Run

24D. LOCATION (City, town, or county) (State)

Balto, Md

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

2100 Cutaw Pl

VS 150

5904G

3173

3173



242  
52 6717BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6717

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Annie M. Sheekells</i>			2. DATE OF DEATH <i>7-18-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1128 Carroll St</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 21-02</i>		
Length of stay in Baltimore <i>73 yrs.</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1128 Carroll St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>12-10-1878</i>		9. AGE (In years last birthday) <i>73</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			13. FATHER'S NAME <i>Charles Engel</i>		
14. MOTHER'S MAIDEN NAME <i>Unknown</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT <i>Son</i>		
ADDRESS <i>1128 Carroll St.</i>					

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Coronary Thrombosis</i> (B) <i>Hypertensive Cardio Vascular Disease</i> (C) <i>Atherosclerosis descending Aorta</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i> <i>2 years</i> <i>6 months</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

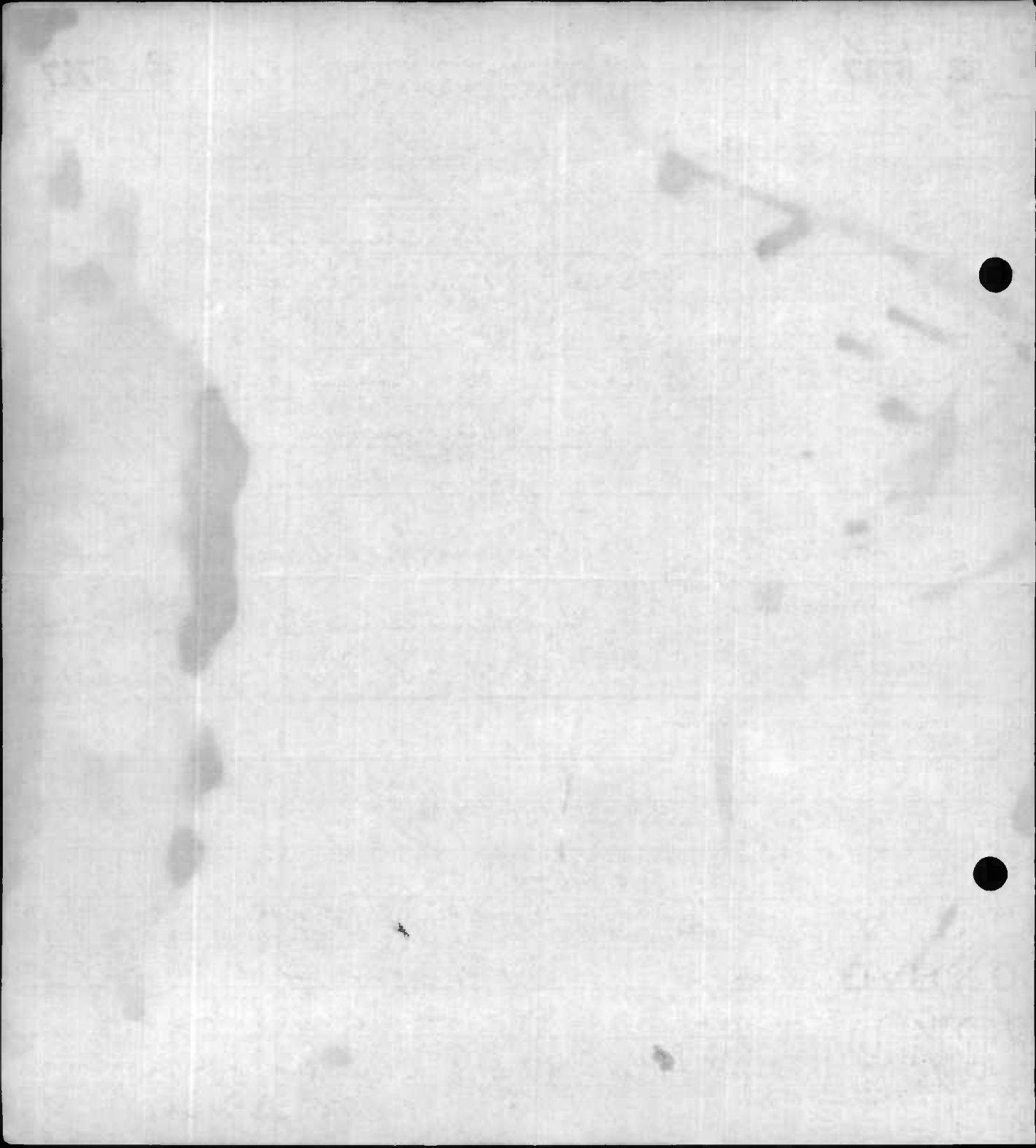
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *April 2*, 19*51*, to *July 18*, 19*52*, that I last saw the deceased alive on *July 2*, 19*52*, and that death occurred at *7:10 PM.*, from the causes and on the date stated above.

23A. SIGNATURE <i>John P. Mulvey Jr.</i>	23B. ADDRESS <i>1227 Waver Blvd</i>	23C. DATE SIGNED <i>7-19-52</i>
---	--	------------------------------------

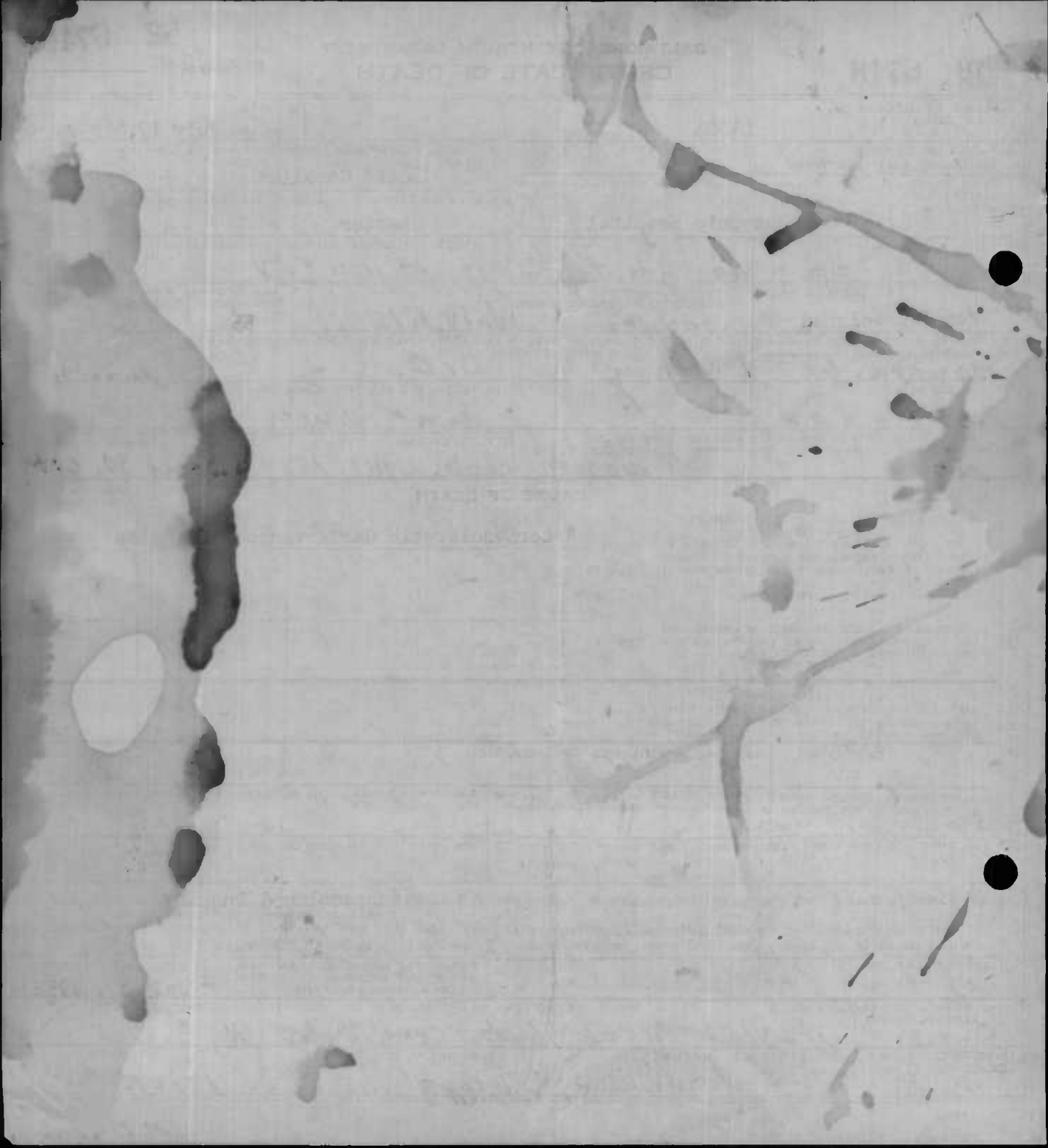
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7-21-1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet Cem</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
--	-------------------------------	---	--

DATE RECEIVED BY REGISTRAR <i>JUL 21 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, MD.</i>	25. FUNERAL DIRECTOR <i>Geo. R. Beyer Jr</i>	ADDRESS <i>1512 Hollinwood Rd. Balt. 23 Md</i>
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536

52 6719

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6719  
Registered No.

BIRTH NO. 32-03092

1. NAME OF DECEASED  
(Type or Print)

WILLIAM HENRY ANDERSON

2. DATE  
OF  
DEATH

JULY 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

BON SECOURS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

20-01

D. STREET ADDRESS (If rural, give location)

2020 W. FAYETTE STREET

Length of stay in Baltimore

5 MOS. 16 DAYS

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

FEB. 4, 1952

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days

5 16

If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOHNA. ANDERSON

14. MOTHER'S MAIDEN NAME

CATHERINE E. SUMMERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

John A. Anderson 2020 W. Fayette

18. 571.0

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) INFECTIOUS DIARRHEA

DUE TO

3 DAYS

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) HYDROCEPHALUS

DUE TO

(C) CONGENITAL MENINGOCELE

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 17, 1952, to JULY 20, 1952, that I last saw the  
deceased alive on JULY 20, 1952 and that death occurred at 8:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. Nelson McHale

23B. ADDRESS

M. D.

BON SECOURS HOSPITAL

23C. DATE SIGNED

JULY 20, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

July 21, 1952

Western

Baltimore

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

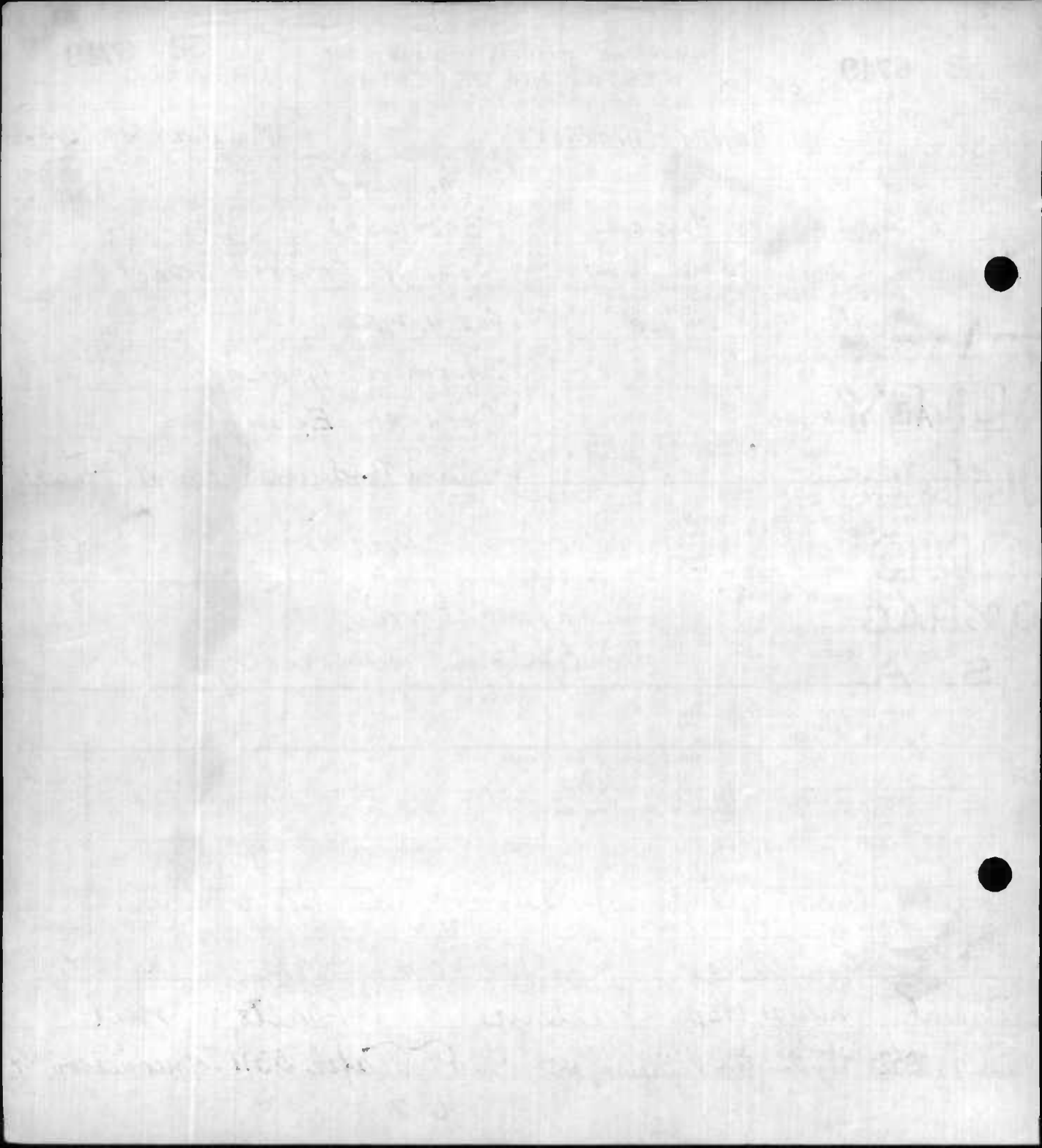
25. FUNERAL DIRECTOR

ADDRESS

JUL 21 1952

Huntington Williams

John F. Teufel 5311 Edmondson Ave



52 6720

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6720  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MRS ANNA E. CHAMBERS

2. DATE  
OF  
DEATH

July 19 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

BALTO

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Maryland General Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

9-06

Length of stay in Baltimore

75 YRS

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

3007 THE ALAMEDA

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

JULY 19 1887

9. AGE (In years  
last birthday)

75

H Under 1 Year  
Months DaysH Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

HENRY G. MAHR

14. MOTHER'S MAIDEN NAME

MARY A. DEITZ

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT 3007 The Alameda

Mrs. James T. Chambers

18. 199.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

ABDOMINAL CARCINOMA

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

INTESTINAL OBSTRUCTION

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

CARDIAC FAILURE

3 DAYS

19A. DATE OF OPERATION

July 7 1952

19B. MAJOR FINDINGS OF OPERATION

Retroperitoneal mass involving sigmoid

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1952, to July 19, 1952, that I last saw the  
deceased alive on July 19, 1952, and that death occurred at 1205 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John A. Madden

M. D.

23B. ADDRESS

Md. Gen. Hosp.

23C. DATE SIGNED

July 19 52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

7/22/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood cemetery

24D. LOCATION (City, town, county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 21 1952

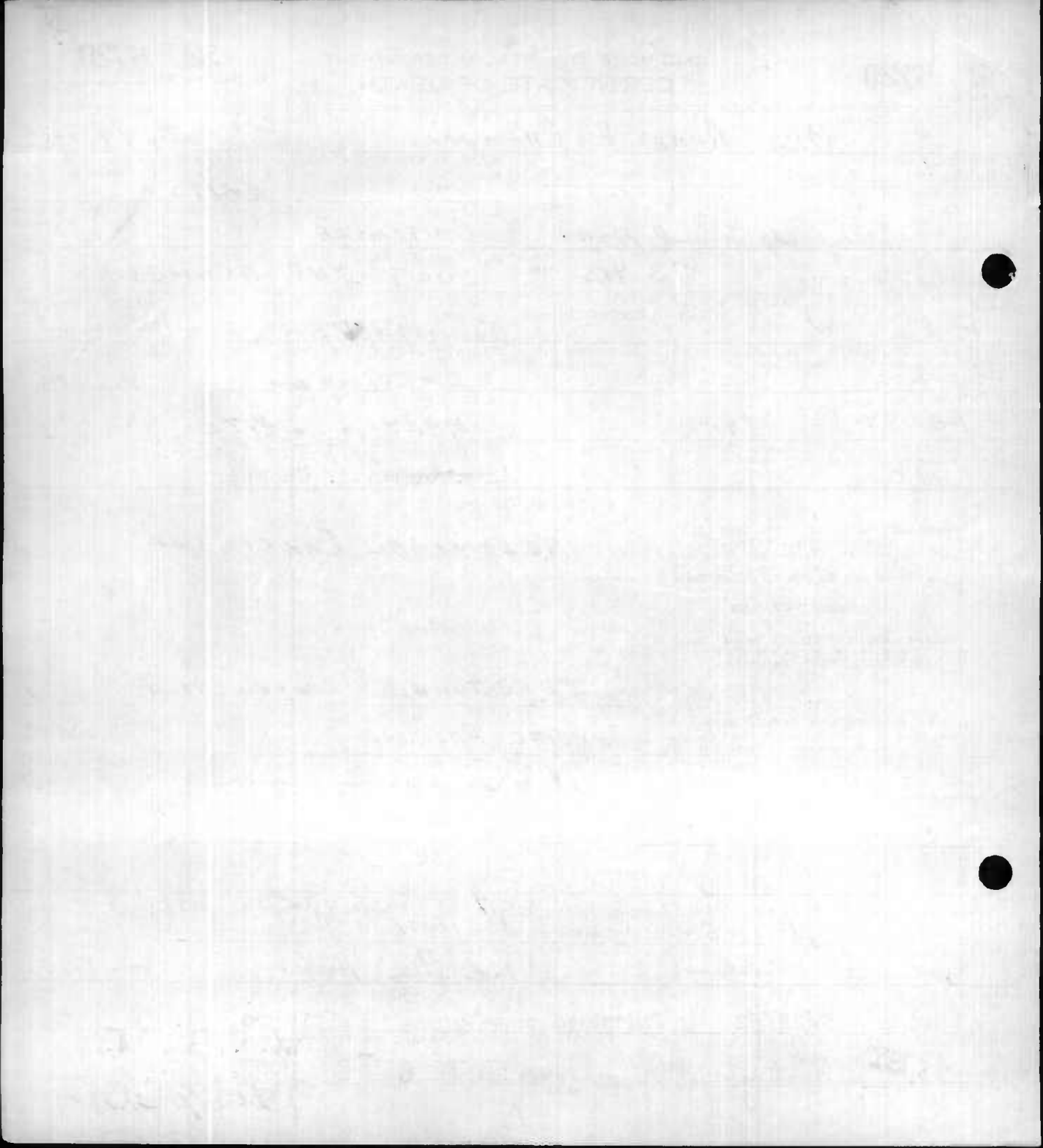
REGISTRAR'S SIGNATURE

Huntington W. H. ...

25. FUNERAL DIRECTOR BALTO., 13, Md.

HENRY SANDER &amp; SONS, INC.

Sey J. Sander.





BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Elaine Ackerman

2. DATE  
OF  
DEATH

July 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Oak 3

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE

Md.

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Cockeysville

D. STREET ADDRESS (If rural, give location)

Western Road

5300

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 2, 1895

9. AGE (In years  
last birthday)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Finland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Matt Maki

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 526x

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Bronchiectasis & pulmonary  
Emphysema 9 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

MEDICAL CERTIFICATION

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK22. I hereby certify that I attended the deceased from 7-9, 1952, to 7-18, 1952, that I last saw the  
deceased alive on 7-18, 1952, and that death occurred at 1:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7/18/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

7/21/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.  
BALTO., MD.

ADDRESS

Bay 7 Bander

1578 58

CERTIFICATE OF DEATH

1581 59

*Christiansburg*  
*Virginia*

DECEASED  
NAME  
AGE  
SEX  
DATE OF BIRTH  
DATE OF DEATH  
PLACE OF BIRTH  
PLACE OF DEATH  
CAUSE OF DEATH  
MANNER OF DEATH  
OCCUPATION  
EDUCATION  
RELIGION  
MARRIAGE  
SINGLE  
MARRIED  
WIDOWED  
DIVORCED  
REMARKS

X

1/15/62

1/15/62

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **52 6722**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Agnes Cora Kellum

2. DATE  
OF  
DEATH

July 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

Ardleigh Nursing Home  
Girard and Parkdale Avenues

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

137 S. Clinton Street

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 12, 1886

9. AGE (In years

last birthday)

66 years

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Ret. Inspector

10B. KIND OF BUSINESS OR  
INDUSTRY

Continental Can Co.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Skates

14. MOTHER'S MAIDEN NAME

Lucy Booker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Everett Ellis, 3967 Hickory Avenue

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, ashenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion 1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Coronary Heart Disease 1 year

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 5, 1951, to July 11, 1952, that I last saw the  
deceased alive on July 7, 1952, and that death occurred at 8 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

7/21/52

St. Mary's Cemetery

Baltimore,

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 21 1952

Huntington Williams, MD.

Wm. Cook, Inc.,

1217 St. Paul Street

VS 150

690 3D7 1 9

MEDICAL CERTIFICATION

*[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]*

351  
52 6723BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6723  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GEORGE P. STEINBACHER

2. DATE  
OF  
DEATH

July 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

3220 Hollins Ferry Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

25-42

D. STREET ADDRESS (If rural, give location)

3220 Hollins Ferry Road

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 14, 1879

9. AGE (In years  
last birthday)

73

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Machinist- Retired

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Edward Steinbacher

14. MOTHER'S MAIDEN NAME

Amalie (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS Ferry Rd

Bertha M. Steinbacher 3220 Hollins

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)none  
noneII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/17, 1952, that I last saw the  
deceased alive on 7/17, 1952, and that death occurred at 7:17, 1952, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/22/52

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

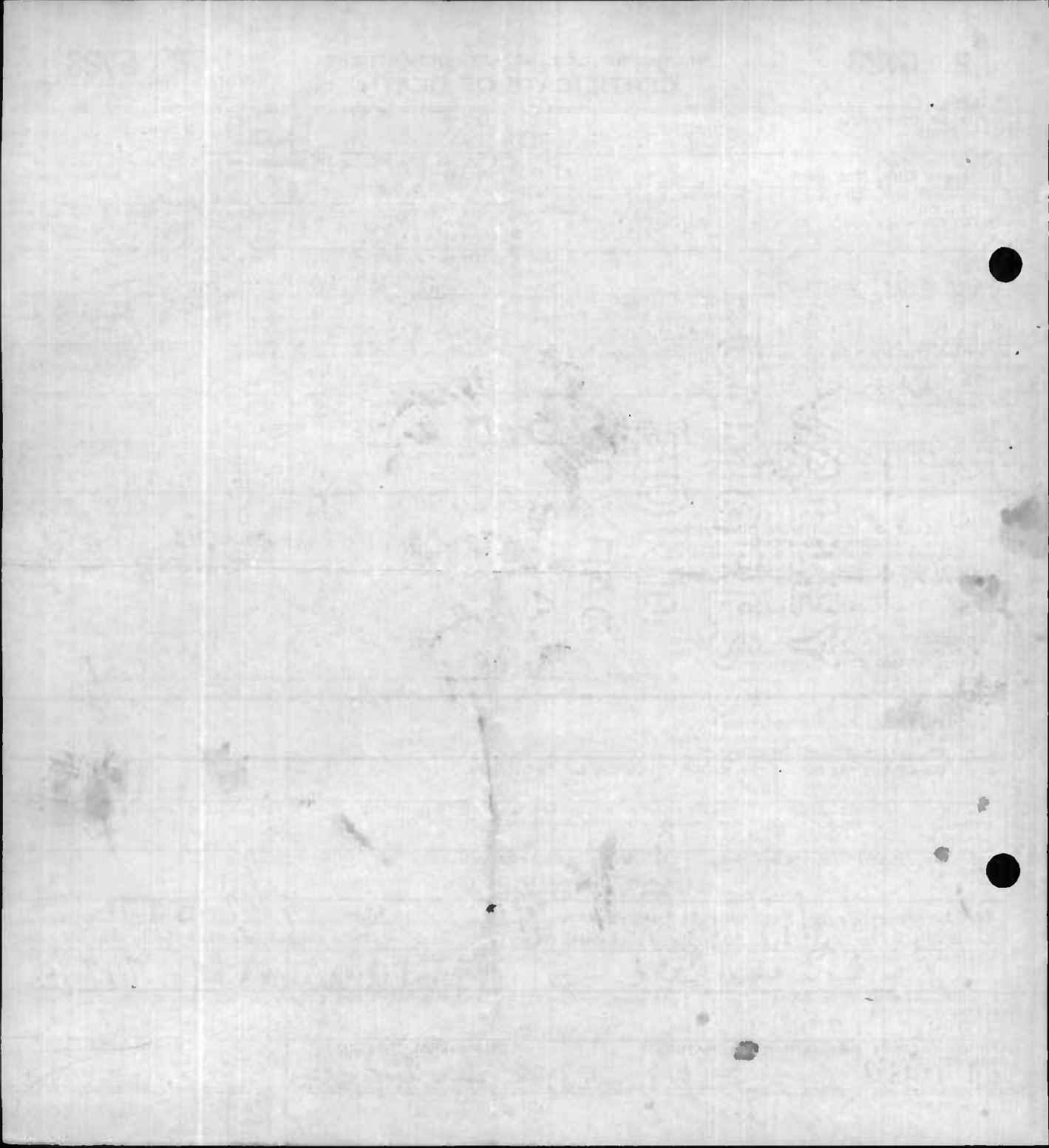
25. FUNERAL DIRECTOR

ADDRESS

JUL 21 1952

Huntington Williams, M.D. Williams &amp; Co., Inc.

1217 St. Paul Street





45

52 6724

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6724

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MARK CHOPLIN</b>		2. DATE OF DEATH <b>July 19, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Maryland General Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 14-01</b>	
D. STREET ADDRESS (If rural, give location) <b>1832 Linden Avenue</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9-22-14</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		9. AGE (In years last birthday) <b>37</b> If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>		11. BIRTHPLACE (State or foreign country) <b>North Carolina</b>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <b>unavailable</b>	
14. MOTHER'S MAIDEN NAME <b>Lena Brown</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>?</b> (If yes, give war or dates of service) <b>?</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Lana Choplin 110 Dalton St. High Point N.C.</b>	

18. **E916.0**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **1st, 2nd, and 3rd degree burns of**

## ANTECEDENT CAUSES

**face, trunk, and extremities**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Fatty Liver**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  
**home**21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  
**1832 Linden Avenue**21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  
**July 12, 1952**21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒21F. HOW DID INJURY OCCUR?  
**Smoking in chair & chair caught fire**22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from **Autopsy, Inspection or Inquiry** the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.23A. SIGNATURE  
**Stanley B. Dunsen M.D.**23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
**July 19, 1952**24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Removal**24B. DATE  
**9-21-52**24C. NAME OF CEMETERY OR CREMATORY  
**Oakwood**24D. LOCATION (City, town, or county) (State)  
**High Point N.C.**DATE RECEIVED BY LOCAL REGISTRAR  
**JUL 21 1952**REGISTRAR'S SIGNATURE  
**Huntington Williams**25. FUNERAL DIRECTOR  
**1317 St Paul St Balto 2, Md.**

VS 151

N948.2

56424

MEDICAL CERTIFICATION

correct age is 38, respectively important information

1954

CERTIFICATE OF DEATH

1954



563

52 6725

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6725  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HARRIETT EMMERT

2. DATE  
OF  
DEATH

7/19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3017 JONA TERRIS

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3017 JONA TERRIS

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE MD

D. STREET ADDRESS (If rural, give location)

3017 JONA TERRIS 8-01

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

July 1-1897

9. AGE (In years last birthday)

75

10. Under 1 Year

Months: Days

19

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED H.W.

10B. KIND OF BUSINESS OR INDUSTRY

SAME

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

NO

17. INFORMANT

MRS ANN AM LAPIN

ADDRESS

314

2306 SOUTHERN AVE

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A)

DUE TO

Hypertensive Cardiovascular disease 3 years

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1952 to July 19, 1952 that I last saw the deceased alive on July 19, 1952 and that death occurred at 11:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

July 22-52

Pouder Park Cem

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 21 1952

Huntington W. Williams, 6411 Towell Windsor Mill Rd

VS 150

MEDICAL CERTIFICATION

10 1493  
930 1030 700 1100  
Case

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

52 6726  
BIRTH NO.1. NAME OF DECEASED  
(Type or Print)

RAYMOND H. SHOWE

2. DATE  
OF  
DEATH

July 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Md.

B. COUNTY

Washington

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

University

C. CITY OR TOWN

Tilghmorton

D. STREET ADDRESS (If rural, give location)

7100

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 25, 1917

9. AGE (in years  
last birthday)

35

10 Under 1 Year  
Months: Days

25

11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Miller Reader

10B. KIND OF BUSINESS OR  
INDUSTRY

Potomac Edison Co.

13. FATHER'S NAME

Raymond H. Showe

11. BIRTHPLACE (State or foreign country)

Tilghmorton

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

441-16-8959

17. INFORMANT

ADDRESS

Russell Ernshaw Keedysville, Md.

18. 332X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) Cerebral infarct  
DUE TO carotid artery thrombosis

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) thrombus due to congenital aneurysm  
DUE TO of right middle cerebral artery (over)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dureacher

M.D.

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

July 20, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

Burial

July 23, 1952 Mount View

Sharpsburg, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 21 1952

Huntington Williams, M.D.

Russell Ernshaw Keedysville

See letter in Document File from

Dr. Stanley H. Durlacher, Asst Medical Examiner

8/12/52 ES



434  
52 6727BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

52 6727

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Iva M. Oldland

2. DATE  
OF  
DEATH

July 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland ST. PPC - E1

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution residence  
A. STATE B. COUNTY before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR, OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 9, 1898

9. AGE (In years  
last birthday)

54

If Under 1 Year  
Months DaysIf Under 24 hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Harry Tetts

14. MOTHER'S MAIDEN NAME

Minnie Collier

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give year or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 416x I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pneumatic Chest Drain

2 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-9, 1952 to 7-20, 1952, that I last saw the  
deceased alive on 7-20, 1952 and that death occurred at 2:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Bois &amp; Beuland

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7-20-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

REMOVAL

24B. DATE

7 - 21 - 52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Union Town Pa

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell &amp; Sons, Inc., 1900 Eutaw Pl.

1010

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

1917

W. M. Davis  
1917

W. M. Davis

W. M. Davis

W. M. Davis

W. M. Davis

W. M. Davis

W. M. Davis

W. M. Davis

W. M. Davis

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W. M. Davis

W. M. Davis

W. M. Davis

W. M. Davis

W. M. Davis

W. M. Davis

321

52 6728

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6728  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mildred Mary Fitzpatrick</i>		2. DATE OF DEATH <i>July 20, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Howard</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Womens Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Rural - Marriottsville</i>	
6. Length of stay in Baltimore <i>20</i>		D. STREET ADDRESS (If rural, give location) <i>Marriottsville Road</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct 26, 1915</i>
9. AGE (In years last birthday) <i>36</i>		10. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Christian Lindner</i>		14. MOTHER'S MAIDEN NAME <i>Anna Lindner</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>Mr. Wm. F. Fitzpatrick</i>	
17. INFORMANT <i>Mr. Wm. F. Fitzpatrick</i>		ADDRESS <i>Marriottsville Rd.</i>	

18. *151X*

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION  
*July 7, 1952*19B. MAJOR FINDINGS OF OPERATION  
*Lymphosarcoma of stomach with obstruction of common bile duct*

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  
*None*

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *July 2, 1952* to *July 20, 1952*, that I last saw the deceased alive on *July 20, 1952* and that death occurred at *3:17 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE  
*Huntington Williams, M.D.*23B. ADDRESS  
*104 W. Morris on St.*23C. DATE SIGNED  
*July 20, 1952*24A. FUNERAL, CREMATION, REMOVAL (Specify)  
*Buried*24B. DATE  
*7-13-52*24C. NAME OF CEMETERY OR CREMATORY  
*Meadowdale*24D. LOCATION (City, town, or county) (State)  
*Md.*DATE RECEIVED BY LOCAL REGISTRAR  
*JUL 21 1952*REGISTRAR'S SIGNATURE  
*Huntington Williams, M.D.*25. FUNERAL DIRECTOR  
*Pratt & Strickland*ADDRESS  
*Pratt & Strickland*

257

RECEIVED BY THE DEPT. OF THE ARMY

257

RECEIVED BY THE DEPT. OF THE ARMY  
OFFICE OF THE SECRETARY  
WASHINGTON, D. C.  
JAN 10 1917

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6729  
Registered No.

52 6729

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MILDRED SUMPTER</b>		2. DATE OF DEATH <b>July 16, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 4-02</b>	
D. LENGTH OF STAY IN BALTIMORE		E. STREET ADDRESS (If rural, give location) <b>658 W. Fairmount Avenue</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov. 7-1918</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Factory Worker</b>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>David G. Sewell</b>		11. BIRTHPLACE (State or foreign country) <b>Columbia S. C.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
16. SOCIAL SECURITY NO. <b>60 75</b>		14. MOTHER'S MAIDEN NAME <b>Isabelle Franklin</b>	
17. INFORMANT <b>David Sewell - Fairmount Ave</b>		ADDRESS	

18. **581.0**

**CAUSE OF DEATH**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fatty infiltration of liver**

ONE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ONE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **RS Fisher**

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED **July 17, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

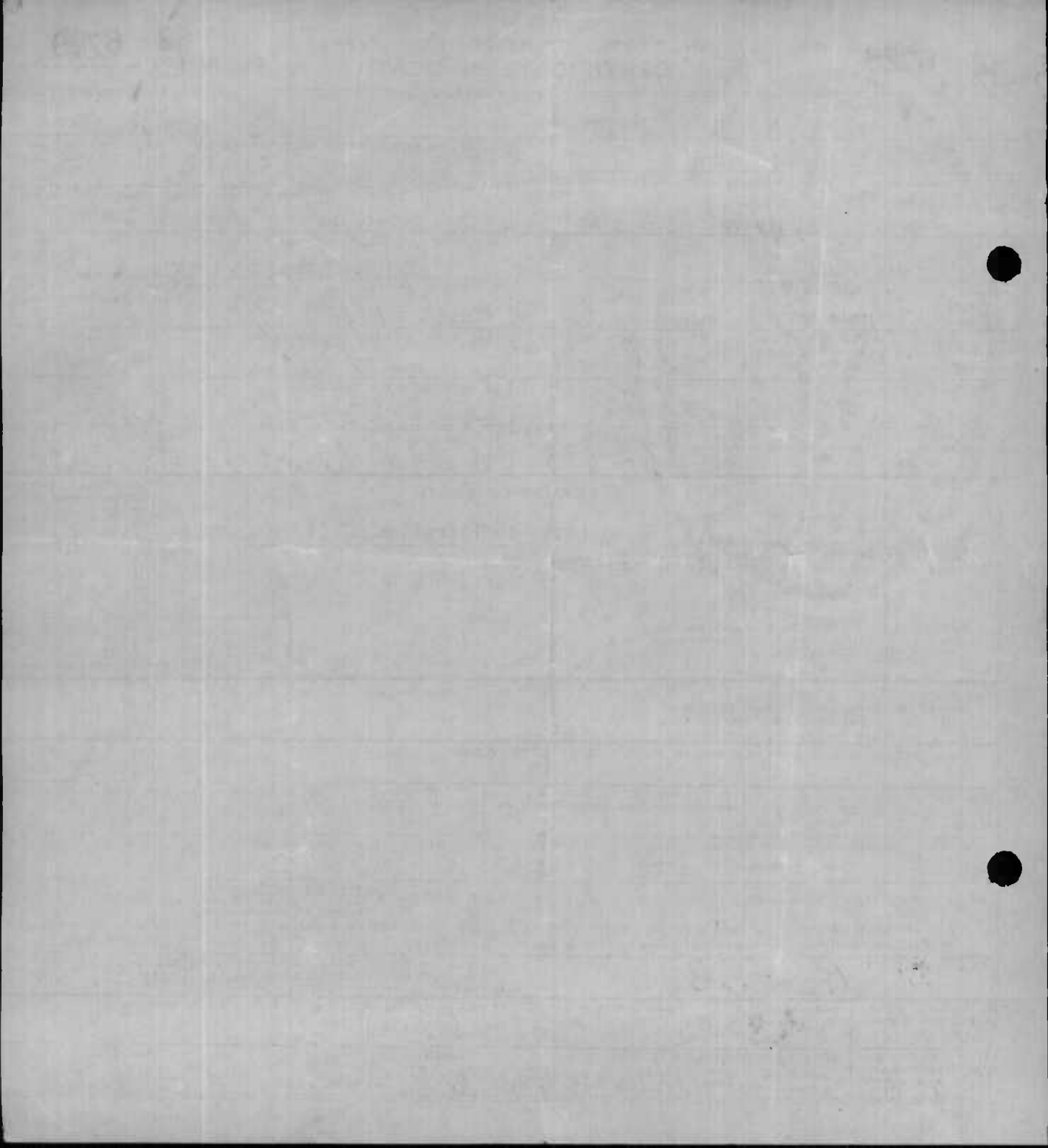
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS





# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6730

Balto. City Health Dept

## CERTIFICATE OF DEATH

52 6730  
Reg. Dist. No.

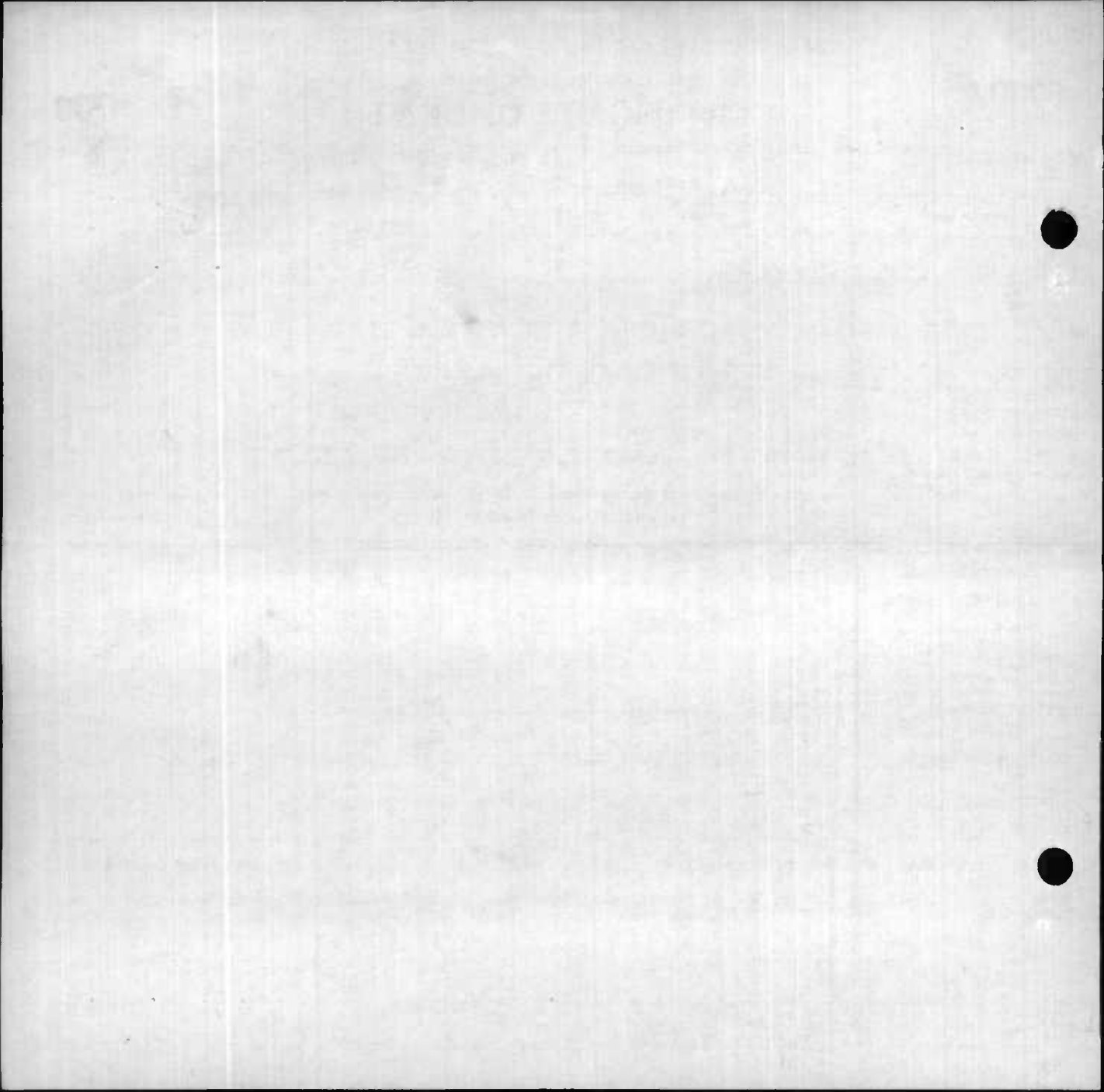
1. PLACE OF DEATH- COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE		MARYLAND		COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town)		Baltimore, Md		CITY (If outside corporate limits, write RURAL and give nearest town)		Baltimore		25-52	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		1809 Morrell Park Ave		STREET ADDRESS		1809 Morrell Pk. Ave.			
3. NAME OF DECEASED (Type or Print)		(First)		(Middle)		(Last)		4. DATE OF DEATH (Month) (Day) (Year)	
EMMA						BOFFEN		JULY 19 1952	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH		9. AGE last birthday	
F		W		MARRIED		26 JUNE 1903		49 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
Line operator		CALVERT DISTILLARY		BALTIMORE MD		USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS	
HERMAN C PEETZ		IDA MATHIAS		no				BERTHA KEYS	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		2 YRS	
Immediate cause (a)		HEART FAILURE CONGESTIVE	
Antecedent cause(s) (b)		CEREBRAL THROMBOSIS	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		HYPERTHYROIDISM, PNEUMONIA	
I. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
24 JULY '51		HYPERTHYROIDISM	
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
SUICIDE		INJURY	
HOMICIDE		(CITY OR TOWN)	
(COUNTY)		(STATE)	
20. AUTOPSY?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED	
OF		While at Not While	
INJURY		Work <input type="checkbox"/> At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 24 JULY, 1950, to 19 JULY, 1952, that I last saw the deceased alive on 18 JULY, 1952, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE George E. Groleau (Degree or title) ADDRESS MD. 5608 MAIN ST DATE SIGNED 19 JULY 52

23. BURIAL, CREMATION REMOVAL (Specify)		DATE		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, nr county)		(State)	
Burial		7/23/52		Zion Cem.		Dorsey, A. A. Co., Md.			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS			
JUL 21 1952		Huntington Williams, MD		J. S. Sicker & Sons		69046		Bulto 17, Md.	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6731**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Lambert, Mahlon**

2. DATE OF DEATH

**July 20, 1952**

3. PLACE OF DEATH

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**University Hospital**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE **MD**

B. COUNTY **Carroll**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Westminster**

D. STREET ADDRESS (If rural, give location)

**55 1/2 Liberty St**

**5641**

5. SEX

**M**

6. COLOR OR RACE

**W**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**MARRIED**

8. DATE OF BIRTH

9. AGE (In years last birthday)

**62**

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Nightwatchman For Florist**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Carroll Co.**

12. CITIZEN OF WHAT COUNTRY?

**U.S.**

13. FATHER'S NAME

**Francis Lambert**

14. MOTHER'S MAIDEN NAME

**Carrie Bangs**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Miss Truman Stem, Jr Westminster Md**

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

**Coronary Thrombosis & Pulmonary Embolism**

INTERVAL BETWEEN ONSET AND DEATH

**2 minutes**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

**Hypertensive Cardiovascular Disease**

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Constrictive Heart Failure**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 19, 1952**, to **July 20, 1952**, that I last saw the deceased alive on **July 20, 1952**, and that death occurred at **12:45 Pm.**, from the causes and on the date stated above.

23A. SIGNATURE

**Dr. Richardson**

23B. ADDRESS

**University Hospital**

23C. DATE SIGNED

**7/21/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**July 23-1952**

24C. NAME OF CEMETERY OR CREMATORY

**Winters Cem.**

24D. LOCATION (City, town, or county) (State)

**Carroll Co**

DATE RECEIVED BY LOCAL REGISTRAR

**JUL 21 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS

**W. Bankard, 608 Westminster Md**

VS 150

**76363**

MEDICAL CERTIFICATION

PHOTO COPY

1077 57

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

1077 57

1077 57

1077 57

230

416  
52 6732BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6732

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>WILLIAM J. CULVER</u>			2. DATE OF DEATH <u>JULY 20, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>BON SECOURS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE, MARYLAND</u>		
D. STREET ADDRESS (If rural, give location) <u>1643 ELLAMONT ST.</u>			E. LENGTH OF STAY IN BALTIMORE <u>79</u> Yrs. Mos. Days		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 11, 1873</u>	9. AGE (in years last birthday) <u>79</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Copyman</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>A.S. Abell Co.</u>		
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13. FATHER'S NAME <u>GEORGE A. MILLER CULVER</u>			14. MOTHER'S MAIDEN NAME <u>LYDIA A. MILLER</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT ADDRESS <u>Mrs. Nellie M. Culver 1643 Ellamont St</u>					

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <u>CORONARY INFARCTION</u> DUE TO (B) _____ DUE TO (C) <u>ARTERIOSCLEROSIS</u>	INTERVAL BETWEEN ONSET AND DEATH <u>20 DAYS</u>
--	--	--

19A. DATE OF OPERATION <u>7/21</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>JULY 10</u> , 19 <u>52</u> to <u>JULY 20</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>JULY 10</u> , 19 <u>52</u> and that death occurred at <u>10:30 AM.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>J. Nelson McKay</u> M. D.		23B. ADDRESS <u>BON SECOURS HOSPITAL</u>		23C. DATE SIGNED <u>JULY 20, 1952</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>7-23-1952</u>		24C. NAME OF CEMETERY OR CREMATOR <u>Greenmount</u>		24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>	
DATE RECEIVED BY <u>JUL 21 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, MD.</u>		25. FUNERAL DIRECTOR <u>G. Howard Strong</u>		ADDRESS <u>3207 W. North Ave.,</u>	





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6733**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Emma J. Stallings</b>			2. DATE OF DEATH <b>July 18, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>4901 Wetheredsville Rd.</b>			C. CITY OR TOWN (If outside Baltimore, give RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>60</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>4901 Wetheredsville Road</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 8, 1865</b>	9. AGE (In years last birthday) <b>86</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Supervision Linen Room Hopkins Hosp.</b>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <b>John H. Heskett</b>			14. MOTHER'S MAIDEN NAME <b>Catherine Maddox</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>			16. SOCIAL SECURITY NO.		
			17. INFORMANT ADDRESS <b>Mrs. Ola G. Moran 4901 Wetheredsville Rd.</b>		

18. <b>422.1</b> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Central Thrombosis</b>		<b>10 min.</b>
DUE TO (A)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Chronic Myocarditis</b>		<b>6 months</b>
DUE TO (B)		
<b>arteriosclerosis</b>		<b>1 year</b>
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>September 1, 1952</b> , to <b>July 18, 1952</b> , that I last saw the deceased alive on <b>July 18, 1952</b> , and that death occurred at <b>1:30 p. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Egbert H. Mortimer Jr.</b>		23B. ADDRESS <b>2206 4th and St</b>		23C. DATE SIGNED <b>7/21/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7-21-1952</b>		24C. NAME OF CEMETERY OR CREMATOR <b>Cedar Hill</b>	
24D. LOCATION (City, town, or county) (State) <b>Brooklyn, Md.</b>		25. FUNERAL DIRECTOR ADDRESS <b>G. Howard Strong 3207 W. North Ave.,</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 21 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>			

Dr Egbert L Mortimer Jr  
2706 St. Paul St

Bel 9759

2:40 pm

TO 2405

536  
52-6734  
100-100802BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6734  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mary Minder</b>		2. DATE OF DEATH <b>July 19, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>26-12</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. LENGTH OF STAY IN BALTIMORE <b>69 yrs.</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>B. C. H. 4940 Eastern Avenue</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 23, 1867</b>
9. AGE (in years last birthday) <b>85</b>		If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	
11. BIRTHPLACE (State or foreign country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Kaspar Richard (Richards)</b>		14. MOTHER'S MAIDEN NAME <b>Helena Fritzer</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Records: B. C. H. 4940 Eastern Avenue</b>		ADDRESS	

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic Cardio-vascular disease ?</b> CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH	19. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Generalized Arteriosclerosis</b>			

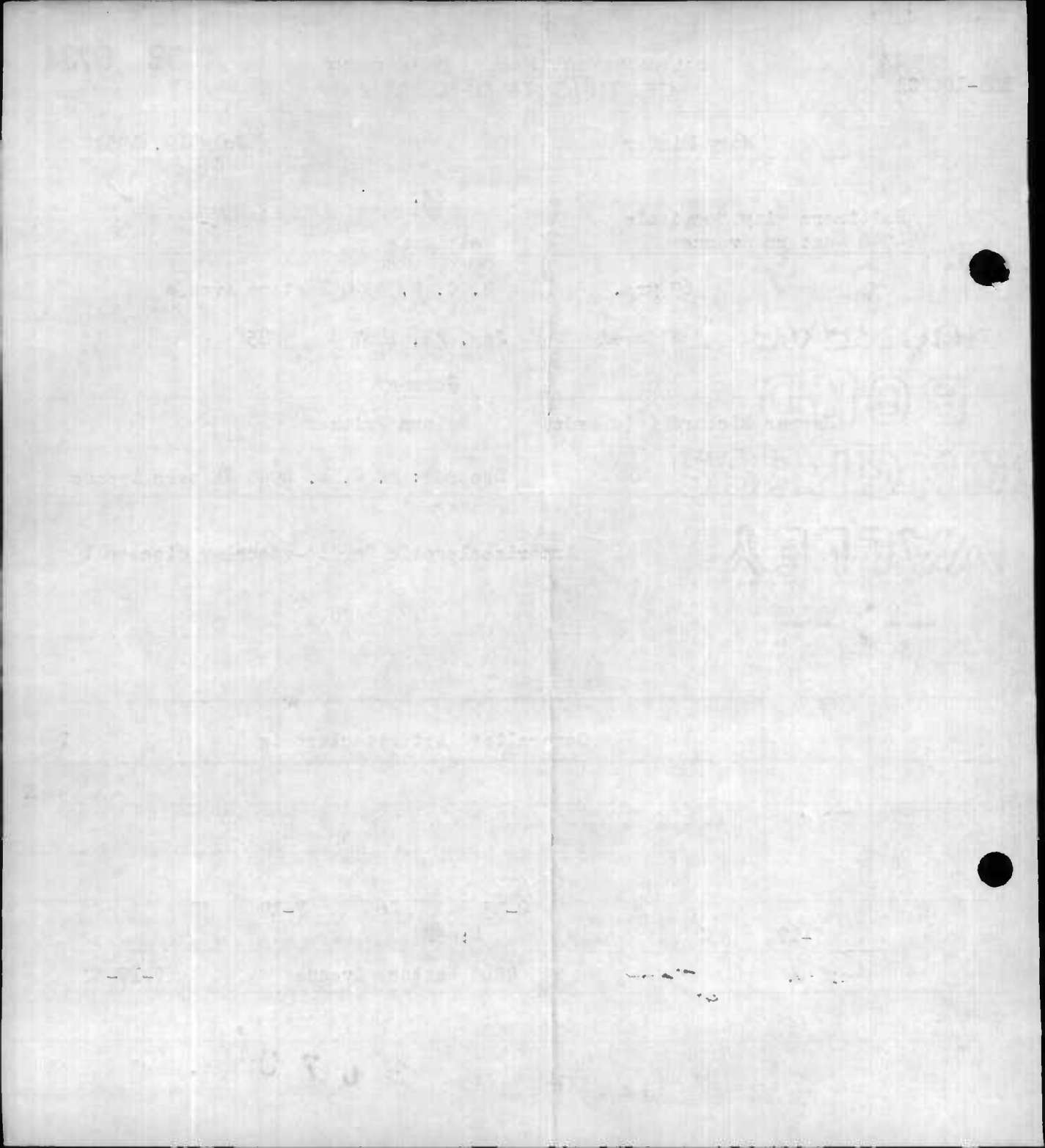
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-23**, **46**, to **7-19**, **52**, that I last saw the deceased alive on **7-19**, 19 **52**, and that death occurred at **4:45 P** m., from the causes and on the date stated above.

23A. SIGNATURE <b>R. S. Cloger</b>	23B. ADDRESS <b>4940 Eastern Avenue</b>	23C. DATE SIGNED <b>7-19-52</b>
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24A. BURIAL, CREMA- TION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>7/22/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 21 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Wm. G. Cook, Inc.</b>	ADDRESS <b>317 1/2 St. Paul Street</b>
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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6735**

BIRTH NO. **400**

1. NAME OF DECEASED  
(Type or Print) **BELLE LILLIAN V.**

2. DATE OF DEATH **7-19-52**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE **Ind** B. COUNTY **X** before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION **UNIV. HOSP.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Balto**

D. STREET ADDRESS (If rural, give location)  
**823 W. Senatoga St**

Length of stay in Baltimore **Life**

5. SEX **F-M**

6. COLOR OR RACE **C**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**WIDOWED**

8. DATE OF BIRTH **Dec. 22-1901**

9. AGE (in years last birthday) **50**

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Seamstress**

10B. KIND OF BUSINESS OR INDUSTRY  
**in factory**

11. BIRTHPLACE (State or foreign country)  
**Balto. Ind.**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
**Edward W. Jackson**

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**Elise Belle-1532 Clifton Ave**

18. **420.2 I**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **ANGINA PECTORIS**

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **HYPERTENSIVE HEART DISEASE**

DUE TO

(C)

**II**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **7-18-52**, 19**52**, to **7-19-52**, 19**52**, that I last saw the deceased alive on **7-19-52**, 19**52**, and that death occurred at **6 PM.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)  
**Balto Ind**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**69046 1011 N. Arlington Ave**

MEDICAL CERTIFICATION





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. **52 6736**

**52 6736**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mallie Brown</b>		2. DATE OF DEATH <b>July 19, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>606 N. Appleton St.</b>		C. CITY OR TOWN (If outside corporate limits, give location and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>32 years</b>		D. STREET ADDRESS (If rural, give location) <b>606 N. Appleton St.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 9, 1902</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. FATHER'S NAME <b>George Gunther</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. MOTHER'S MAIDEN NAME <b>Maggie Rogers</b>		14. BIRTHPLACE (State or foreign country) <b>North Hampton, N.C.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>606 N. Appleton St.</b>	

18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive Cardiovascular Dis.</b>		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		(A) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO	

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **7-19, 1952** to **7-19, 1952** that I last saw the deceased alive on **19** and that death occurred at **2:25 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE **[Signature]** M.D. **203 W. Lafayette Ave** 23B. ADDRESS **2-19-52** 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 23, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 21 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
VS 150		MEDICAL EXAMINER'S SIGNATURE <b>631 Daniel Hill Ave</b>	

Medical Examiner notified & OK'd above signature.

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE

*St. Paul* M.D.

CHIEF OR ASST. MEDICAL EXAMINER

# CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

6737

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GERALD THOMAS RUSSELL

2. DATE  
OF  
DEATH

July 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

New York

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

New York City (Bronx)

D. STREET ADDRESS (If rural, give location)

1869 Walton Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 19, 1927

9. AGE (In years  
last birthday)

22-24

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Cpl. USMC

10B. KIND OF BUSINESS OR  
INDUSTRY

USMC

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Arnold W. Russell

14. MOTHER'S MAIDEN NAME

Frances Bayer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes Active Service

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Walter B. Cooke Funeral Home, 347 Willis

18. E815.4

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Fracture of skull

DUE TO

ANTECEDENT CAUSES

(B) Subdural Hematoma

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C) Extradural Hematoma

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

highway

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

Route 2 with Route 301

21F. HOW DID INJURY OCCUR?

Motorcyclist struck by auto

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. R. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

7/21/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

REMOVAL

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

U.S. NAVAL HOSP.

24D. LOCATION (City, town, or county)

ANNAPOLIS, M.D.

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

LT. EDRINGTON

ADDRESS

V S 151

N 803.2

952006 EXC. ASST.

MEDICAL CERTIFICATION

correct age is especially important. If persons please write the cause of death clearly and legibly.

1. The first part of the report is a general description of the project and its objectives. It is followed by a detailed description of the methodology used in the study. The results of the study are then presented in a series of tables and figures. The final part of the report is a conclusion and a list of references.

2. The second part of the report is a detailed description of the methodology used in the study. It includes a description of the data collection methods, the statistical methods used, and the software used for data analysis.

3. The third part of the report is a series of tables and figures that present the results of the study. The tables show the mean values and standard deviations for each variable. The figures show the distribution of the data for each variable.

4. The final part of the report is a conclusion and a list of references. The conclusion summarizes the findings of the study and discusses their implications. The references list the sources of information used in the study.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6738

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Reverend Leo Weber, S.J.

2. DATE  
OF  
DEATH

July 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Baltimore

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Calvert St. - 720 N.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct 20, 1893

9. AGE (In years  
last birthday)

58

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Clergyman

10B. KIND OF BUSINESS OR  
INDUSTRY

Priest

11. BIRTHPLACE (State or foreign country)

Chester, Penna

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

George B. Weber

14. MOTHER'S MAIDEN NAME

Julia A. Scanlan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Rev. Francis J. McVeigh, S.J. 720 N. Calvert St

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Myocardial infarction

2 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Coronary insufficiency

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1952 to July 19, 1952 that I last saw the deceased alive on July 19, 1952, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Guerrero W. Torreal

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

July 19, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

July 22, 1952

24C. NAME OF CEMETERY OR CREMATORY

Woodstock College Cemetery Woodstock, Maryland.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

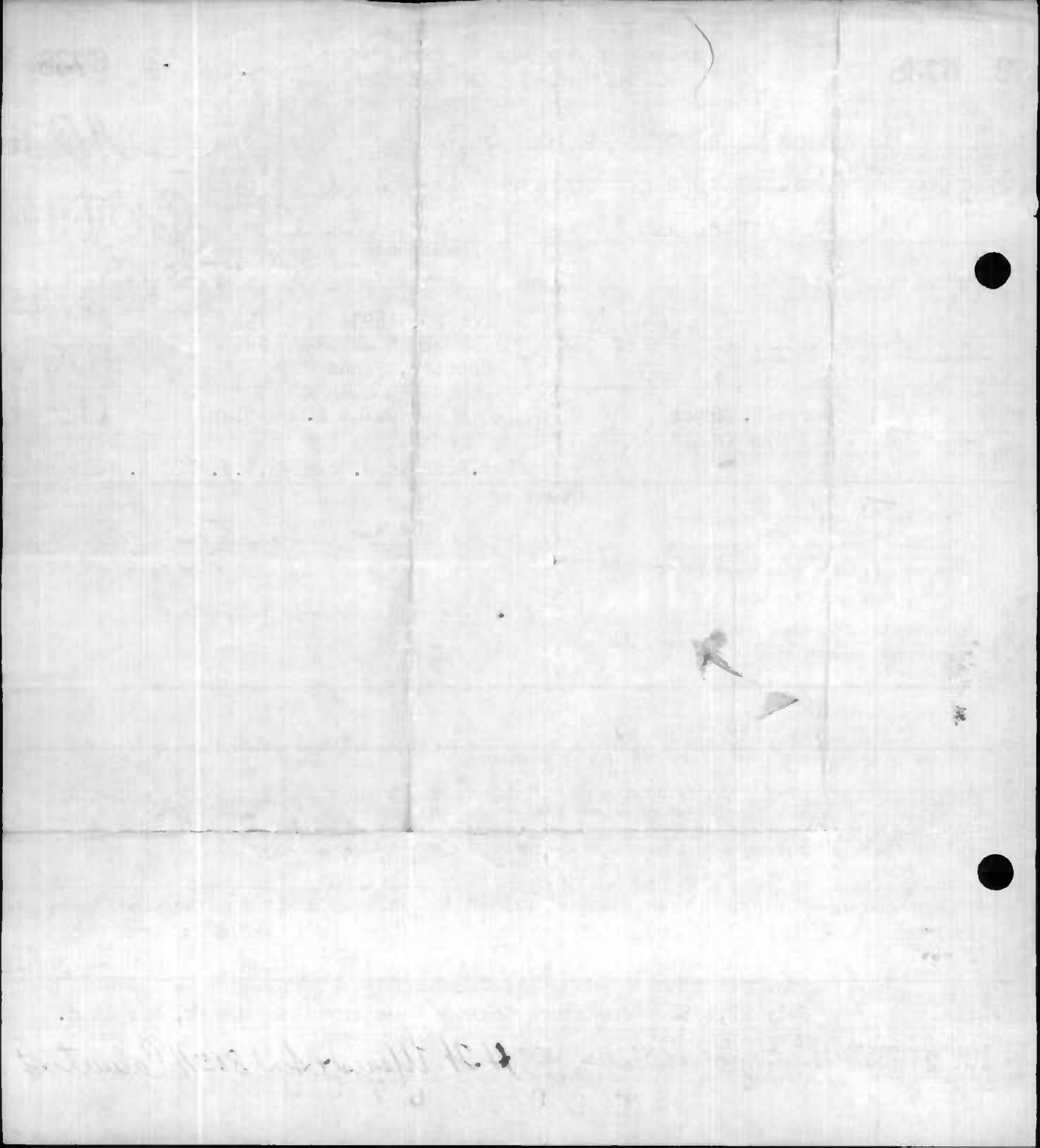
JUL 21 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. H. Years &amp; Son 805 N. Calvert St.





MEDICAL EXAMINER'S CASE HUNTER

BALTIMORE CITY HEALTH DEPARTMENT

52 6739

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52-11391

1. NAME OF DECEASED (Type or Print) <b>HENRY HUNTER</b>			2. DATE OF DEATH <b>July 19, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNIVERSITY HOSPITAL</b>			C. CITY OR TOWN <b>BALTIMORE</b> (If outside corporate limits, write RURAL and give township)		
6. Length of stay in Baltimore <b>LIFE</b>			D. STREET ADDRESS (If rural, give location) <b>820 N. VINCENT ST.</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>MAY 20, 1952</b>		9. AGE (In years last birthday) <b>2</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT.</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (State or foreign country) <b>MD.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>JOHN HUNTER</b>			14. MOTHER'S MAIDEN NAME <b>LOUELLA WINLEY</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>MOTHER</b> ADDRESS <b>820 N. VINCENT ST.</b>		

18. <b>522X I</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>PULMONARY EDEMA (?)</b>		8 HRS
DUE TO		(B) <b>VOMITING - ASPIRATION</b>		
DUE TO		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <b>— 0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>7/19</b> 1952, to <b>7/19</b> 1952, that I last saw the deceased alive on <b>7/19</b> 1952, and that death occurred at <b>10:44</b> a. m., from the causes and on the date stated above.				
23A. SIGNATURE <b>Raymond L. Clemmens, MD</b>		23B. ADDRESS <b>University Hospital</b>		23C. DATE SIGNED <b>7/19/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7-21-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Wt. Auburn</b>	24D. LOCATION (City, town, or county) (State) <b>Balts. City</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 21 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, MD</b>	25. FUNERAL DIRECTOR <b>Wm. A. Johnson</b> ADDRESS		

VS 150  
1952  
OVER.  
916 Penna Ave

MEDICAL CERTIFICATION

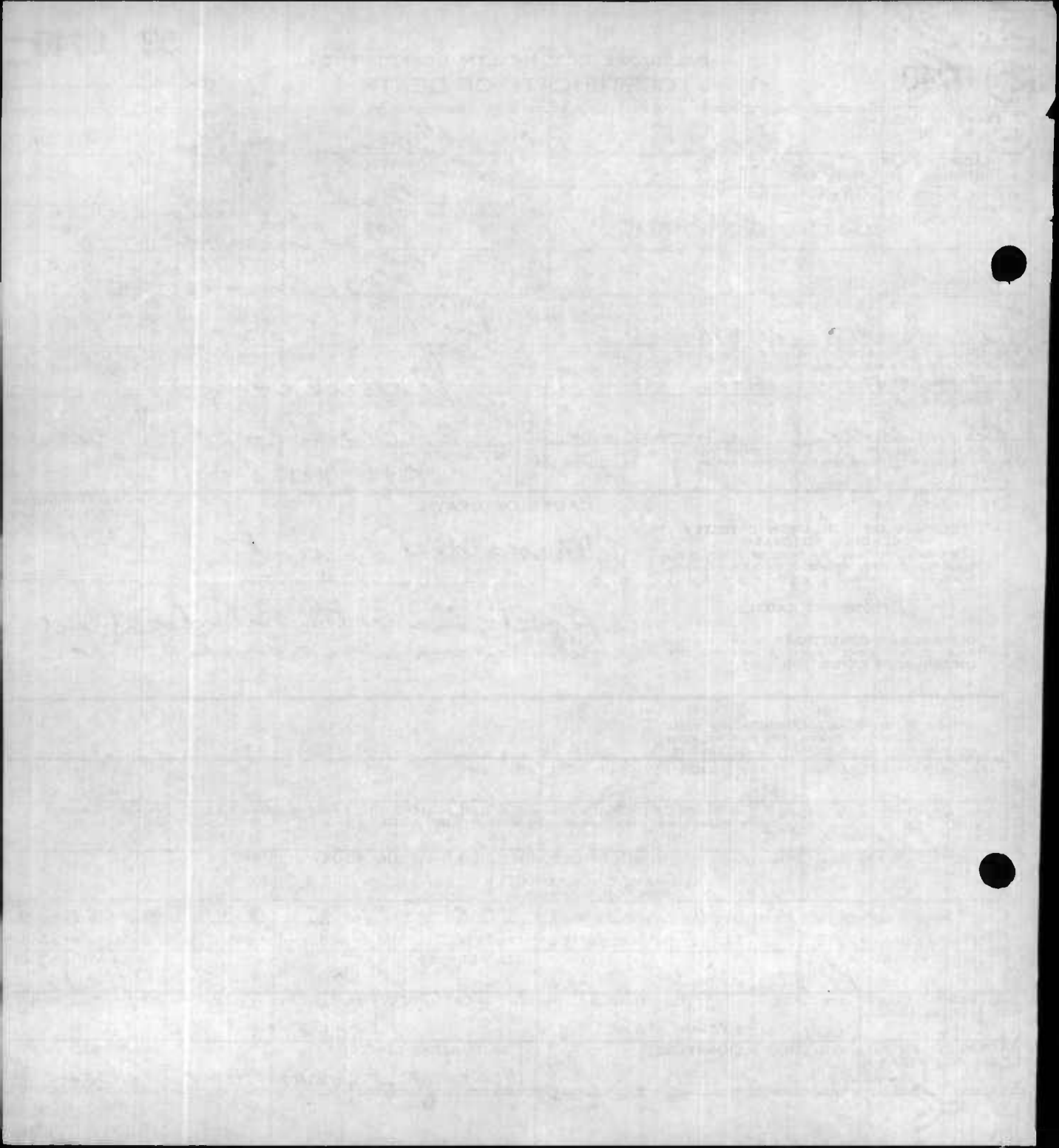
NOT A MEDICAL EXAMINER'S CASE

*R. F. Fisher*

M.D.

CHIEF OR ASS'T. MEDICAL EXAMINER





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6741**

**130**  
**52 6741**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Thomas Abbott</b>		2. DATE OF DEATH <b>July 18 1952</b>	
3. PLACE OF DEATH: <b>A. Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) <b>Ind.</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Maryland General Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write R.U.R.L. and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>3107 Loch Raven Road</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>OCT 31-1879</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PRINTER</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>72</b>
13. FATHER'S NAME <b>John Abbott</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Isabella Russell</b>	
17. INFORMANT <b>WM. E. ABBOTT</b>		ADDRESS <b>1828 E. 29TH ST</b>	

18. <b>330X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Subarachnoid Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
(A) DUE TO		
(B) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **July 18, 1952**, to **July 18, 1952**, that I last saw the deceased alive on **July 18, 1952**, and that death occurred at **10:20 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE **L. J. Davis** M. D. 23B. ADDRESS **Ind. General Hosp.** 23C. DATE SIGNED **July 18 52**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>JULY 22-1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>MT OLIVET</b>	24D. LOCATION (City, town or county) (State) <b>BALTIMORE MD</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 21 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>ULURICH FUNERAL HOME</b>
		ADDRESS <b>2008 ORLEANS ST</b>	

MEDICAL CERTIFICATION

1873

57

THE UNIVERSITY OF CHICAGO

LIBRARY

1873

THE UNIVERSITY OF CHICAGO  
LIBRARY  
1873



560  
52 6742

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6742  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Shaner John B</b>		2. DATE OF DEATH <b>7-20-52</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>South Baltimore General Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write HUIA and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore Yrs. <b>0</b> Mos. <b>0</b> Days <b>0</b>		D. STREET ADDRESS (If rural, give location) <b>3018 Pine wood Ave</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan 9 1896</b>
9. AGE (In years last birthday) <b>56</b>		10. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Fireman</b>	
11. BIRTHPLACE (State or foreign country) <b>Baltimore Md</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Joseph Shaner</b>		14. MOTHER'S MAIDEN NAME <b>Mary Hinkle</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Ethel M Shaner - same</b>		ADDRESS	
18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral hemorrhages hours</b> DUE TO CAUSE OF DEATH <b>Hypertensive cardiovascular disease</b> DUE TO <b>Arteriosclerosis heart disease years</b>		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7-10</b> , 19 <b>52</b> to <b>7-20</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7-20</b> , 19 <b>52</b> and that death occurred at <b>7:40</b> a.m., from the causes and on the date stated above.			
23A. SIGNATURE <b>Agustín del Campo</b>		23B. ADDRESS <b>1213 Light St</b>	
23C. DATE SIGNED <b>7-20-52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7/24/52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Morland Park</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>	
25. FUNERAL DIRECTOR <b>Huntington Williams, M.P.</b>		ADDRESS <b>3505 Nayford Rd</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 21 1952</b>			

MEDICAL CERTIFICATION

762 93



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6743

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN R. JACKSON

2. DATE  
OF  
DEATH

20 JULY 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

MARYLAND GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

MD-

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE

D. STREET ADDRESS (If rural, give location)

1221 WASHINGTON BLVD #30

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

Yrs.  
Mos.  
Days

8. DATE OF BIRTH

APR 13 1883

9. AGE (In years  
last birthday)

69

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

BARBER

10B. KIND OF BUSINESS OR  
INDUSTRY

- SELF

11. BIRTHPLACE (State or foreign country)

ENGLAND

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

ROBERT JOHN JACKSON

14. MOTHER'S MAIDEN NAME

ANNA HUTCHINSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Madeline Jackson same

18. 540.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) PERFORATED GASTRIC ULCER

2 DAYS

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B) WITH PERITONITIS + TERMINAL

2 DAYS

DUE TO

(C) PNEUMONIA

1 DAY

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

BENIGN PROSTATIC HYPERTROPHY

3 weeks

19A. DATE OF OPERATION

7/16/52 + 7/18/52

19B. MAJOR FINDINGS OF OPERATION

FIBROADENOMA PROSTATE + RUPTURED GAST. ULCER

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/11, 1952, to 7/20, 1952 that I last saw the  
deceased alive on 7/20, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

John A. Miller

23B. ADDRESS

Md. Gen Hospital

23C. DATE SIGNED

20 JUL 52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

7/23/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Bald

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. J. Ruck

ADDRESS

5305 Nayford Rd.

*[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page.]*

420  
52 6744BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6744

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CONRAD FLACK		2. DATE OF DEATH JULY 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3207 Rosekemp Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-03	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3207 Rosekemp Avenue	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 31-1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Sheet Metal Worker		9. AGE (In years last birthday) 75	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Bernhard Flack		14. MOTHER'S MAIDEN NAME Catherine ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 216-18-6386	
17. INFORMANT Mrs. Ida M. Flack, 3207 Rosekemp		ADDRESS	
18. 144X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Broncho Pneumonia 2 days DUE TO (B) Carcinoma mouth 2 years DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 1950		19B. MAJOR FINDINGS OF OPERATION Infection left mandible	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-26-52, 19, to 7-18-52, 19, that I last saw the deceased alive on 7-16-, 1952, and that death occurred at 9:30 Pm., from the causes and on the date stated above.			
23A. SIGNATURE C. W. Peake		23B. ADDRESS 4508 Harford Road	
23C. DATE SIGNED 7-19-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/22/52	
24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUL 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
VS 150		25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road.	





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6745**

**120**  
**52 6745**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JESSIE Davis, Jessie Ekston</b>			2. DATE OF DEATH <b>7/20/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>U. S. A. N. S. Hospital Baltimore, Md</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>1609 Cereek St.</b>					
E. LENGTH OF STAY IN BALTIMORE <b>3</b> Yrs. <del>Mos</del> Days					
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>2/25/03</b>	9. AGE (In years last birthday) <b>49</b>	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nature of Coast Guard</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>CHIEF PETTY OFFICER</b>		
11. BIRTHPLACE (State or foreign country) <b>N. H. VERBEN</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13. FATHER'S NAME <b>Wilford N. Davis</b>			14. MOTHER'S MAIDEN NAME <b>Sybilie Wenson</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>yes 1925-1937</b>			16. SOCIAL SECURITY NO. <b>214-20-9266</b>		
17. INFORMANT <b>Notion</b>			ADDRESS		

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

**Thrombosis right Coronary vessel of heart.**

**1-2 hrs.**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

**II**  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>7/19</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **7/14**, 19**52** to **7/19**, 19**52**, that I last saw the deceased alive on **7/19**, 19**52** and that death occurred at **9:30** p. m., from the causes and on the date stated above.

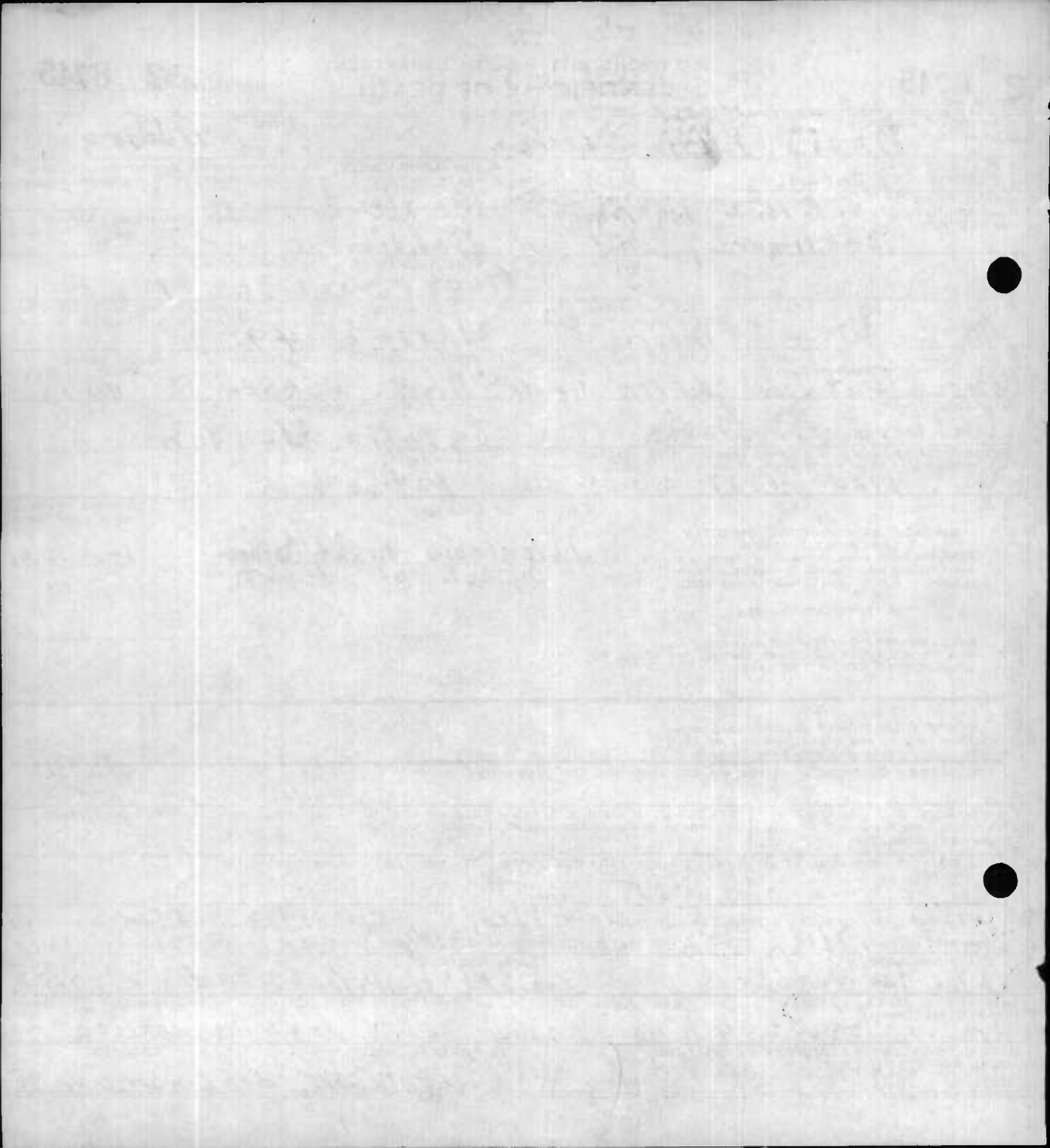
23A. SIGNATURE OF REGISTRAR <b>Wm B. Brunel</b>	23B. ADDRESS <b>USPHS Hosp. Balt. Md</b>	23C. DATE SIGNED <b>7/20/52</b>
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>JULY 23 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>HOLY CROSS CEM.</b>	24D. LOCATION (City, town, or county) (State) <b>ANNE ARUNDEL CO MD</b>
--	----------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 21 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, MD</b>	25. FUNERAL DIRECTOR ADDRESS <b>Knapp &amp; Bred 1800 E LOMBARD ST.</b>
--	---	--

**59591**

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6746

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Deimbeck, Mr John

Dembek  
Dembek2. DATE  
OF  
DEATH

July 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Church Home Hospital

Yrs.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

1829 E Lombard St

D. STREET ADDRESS (If rural, give location)

Balto.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHAbdominal Carcinomatosis 1 year  
Probably Hypernephroma @ Lyr.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK22. I hereby certify that I attended the deceased from 7/13 1952, to 7/19 1952, that I last saw the  
deceased alive on 7/18, 1952, and that death occurred at 12 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

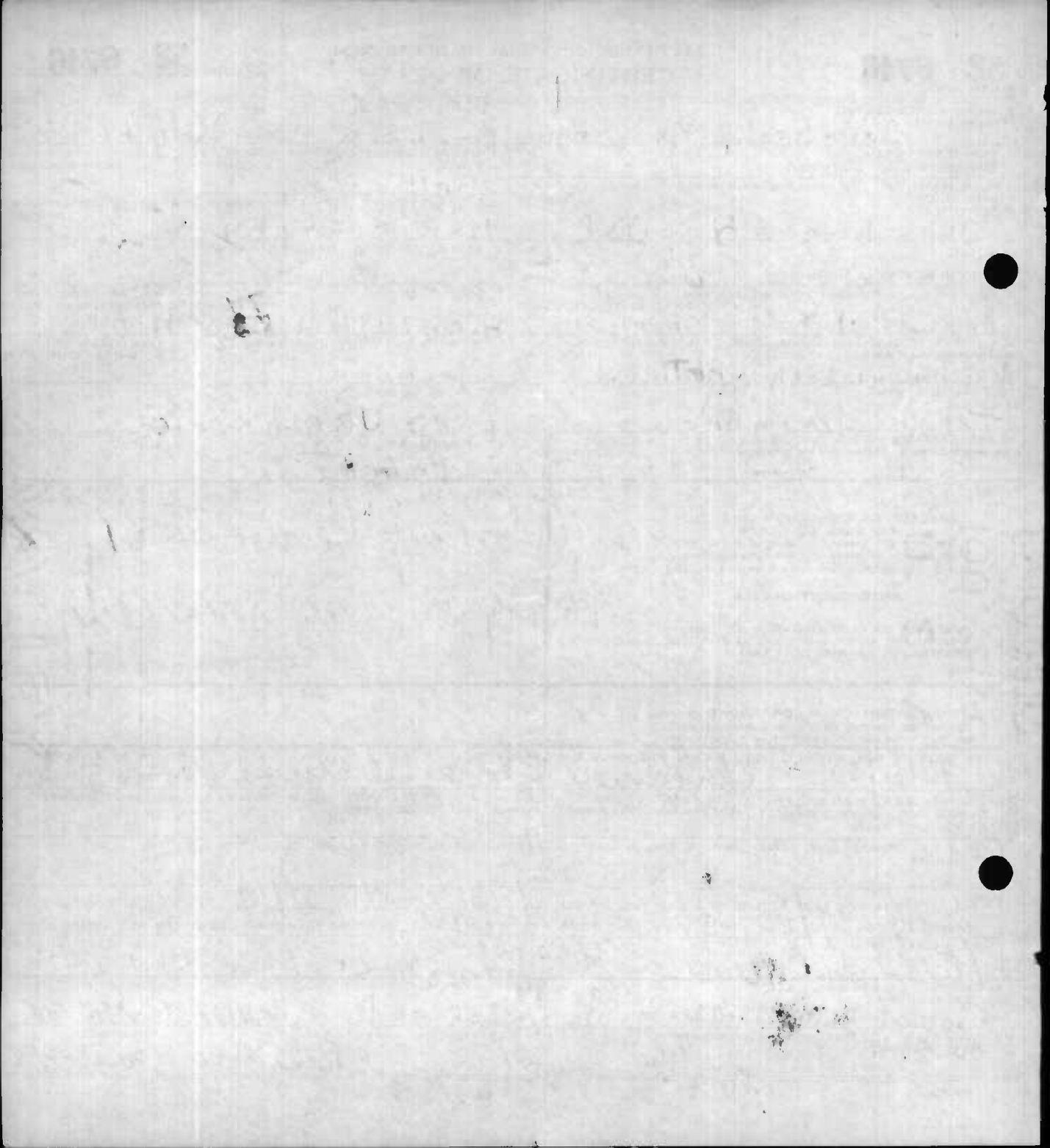
24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6747**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**BEUMA HALL**

2. DATE  
OF  
DEATH

**7/18/52**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **MD.** B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

**University Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)

**837 W. Ostend St.**

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

**Female**

**Black**

**Widowed**

**July 27, 1895**

**59.**

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

**Portsmouth Va.**

**U.S.**

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

**Edward Gatlin**

**Ella Gatlin**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**Wm. H. Kinley 8370 Ostend**

18. **170X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinoma of Breast - metastatic**  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **7/18/52**, 19\_\_, to **7/18/52**, 19\_\_, that I last saw the deceased alive on **DOA**, 19\_\_, and that death occurred at **3:30 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

**George W. Smith**

M. D.

**University Hosp.**

**7/21/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**7-22-52**

**Huntington Halligan, M.D.**

**W. B. Sanggs - 139 W. Howard St.**

1917

RECEIVED BY THE BUREAU OF THE  
DEPARTMENT OF DEATH

1917

Received

Section 1  
1917

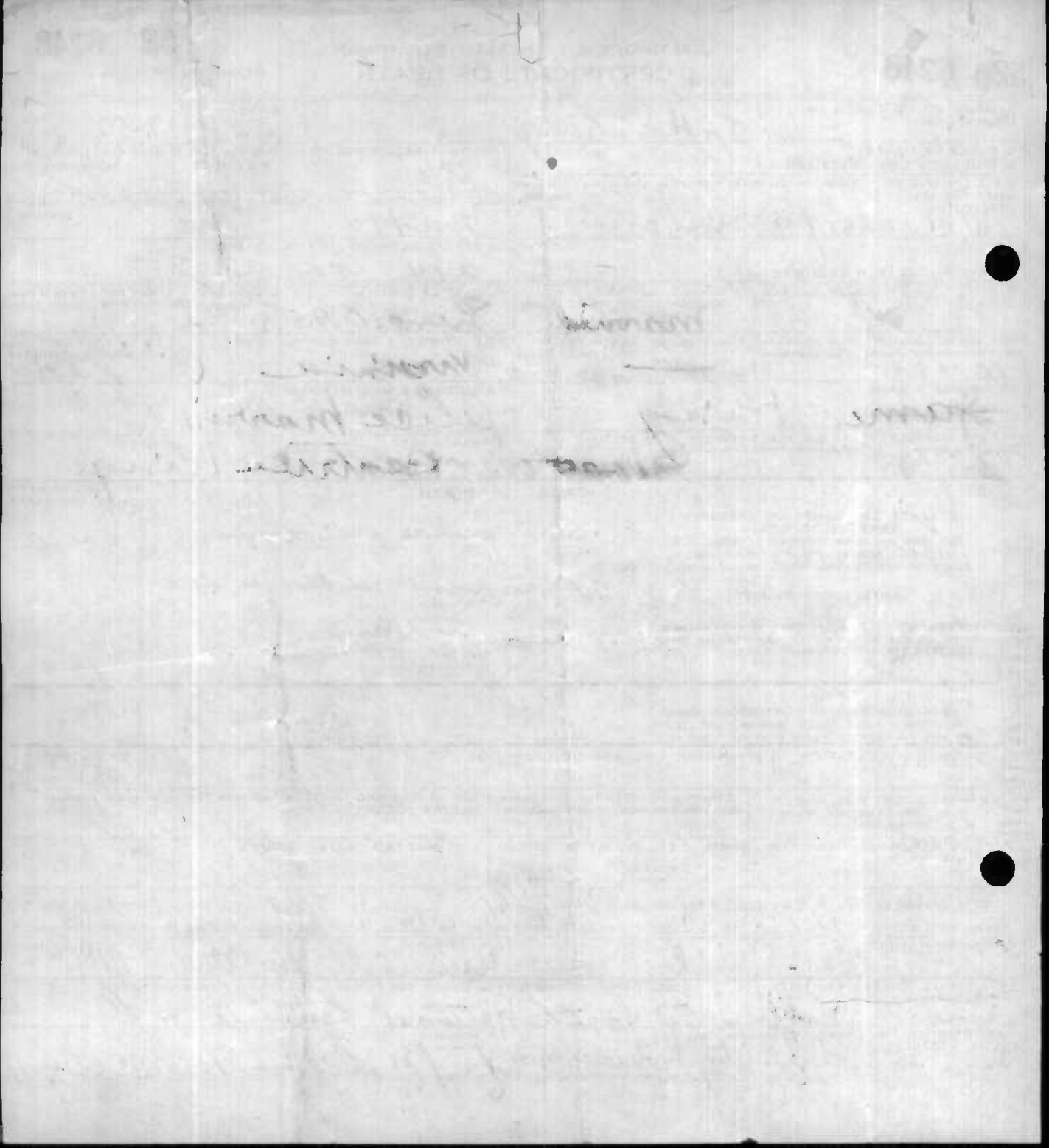
1917  
1917



520  
52 6748  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6748  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>ELIJAH King</b>		2. DATE OF DEATH <b>7-17-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Ma</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Balto</b> <b>12-02</b>	
D. STREET ADDRESS (If rural, give location) <b>214 Green St</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <b>M</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 1899</b>
9. AGE (In years last birthday) <b>53</b>		10. UNDER 1 Year Months: Days Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>4444 gen</b>	
11. BIRTHPLACE (State or foreign country) <b>Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>James King</b>		14. MOTHER'S MAIDEN NAME <b>Alice Morris</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>317-05 0228</b>	
17. INFORMANT <b>Beatrice King</b>		ADDRESS	
18. 156.1 and 019.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Starvation acidosis</b> DUE TO <b>Terminal cachexia, due to Ca liver</b> DUE TO <b>Tbc military</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>unk</b>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7/16/1952</b> to <b>7/17/1952</b> , that I last saw the deceased alive on <b>7/17/1952</b> and that death occurred at <b>6:55 a.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Felipe Jozily</b>		23B. ADDRESS <b>University Hospital</b>	
23C. DATE SIGNED <b>7/18/52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 22-52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Baths National</b>		24D. LOCATION (City, town, or county) (State) <b>Baths, Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 21 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
FUNERAL DIRECTOR <b>W. Williams</b>		ADDRESS <b>1575 McElroy St</b>	

1952097099



# CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. **52 6749**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Josephine (Macquillis) Maczylicz**

2. DATE  
OF  
DEATH

**July 18, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

**Maryland**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

**Baltimore**

B. FULL NAME OF HOSPITAL OR INSTITUTION

**Ellinger Nursing Home, 1913 Eutaw Pl**

C. STREET ADDRESS (If rural, give location)

**1720 E. Pratt St.**

Length of stay in Baltimore

**50 Yrs**

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year  
Months: Days Hours Min.

**Female**

**White**

**Widow**

**Sept 15, 1866**

**85**

**10 3**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housewife**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Poland**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

**Unknown**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

**214-12-4081 Mr. Ellinger, 1913 Eutaw Pl.**

17. INFORMANT

ADDRESS

18. **450.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **generalized arteriosclerosis**

**sev yrs.**

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

~~degenerative changes~~

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 1, 1951** to **July 18, 1952**, that I last saw the deceased alive on **July 15, 1952**, and that death occurred at **11:55 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

**2431 MARYLAND AVENUE 2**

**7-21-52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

**Burial**

**July 22, 1952**

**Holy Rosary Cemetery**

**Germanhill Rd., Balto**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S ADDRESS

**JUL 21 1952**

**Huntington Williams, M.D.**

**David R. Martin, 1902 Eutaw Pl., Balto.**



512  
6750

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6750

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Mary Frances Thompson		July 21/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
1435 N Gay St		A. STATE B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN			
		Baltimore Md			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
70 yrs		1435 N Gay			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
F	White	Widowed	Nov 29-1873	78	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
H W				Portland Me.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
U.S.		John Henry Madison		MARY MAHONEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Wm Thompson 1435 N Gay	
18. 443X		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cerebrovascular accident			Sudden
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Hypertensive cardiac vascular disease			2 yrs
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
0					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
22. I hereby certify that I attended the deceased from 6/6/49 to 7/21/52, that I last saw the deceased alive on 7/20/52 and that death occurred at 6 A.M., from the causes and on the date stated above.		23A. SIGNATURE		23B. ADDRESS	
		L.N. MacMurchy M.D.		801 Buren	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		7/24/52		London PK	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR		ADDRESS	
Baltimore Md.		Huntington Williams		1639 Broadway	
DATE RECEIVED BY LOCAL REGISTRAR					
JUL 21 1952					

MEDICAL CERTIFICATION





635  
52 6751BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6751

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Margaret McKim Gordon</i>		2. DATE OF DEATH <i>July 20, 52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>11 Wendover Rd</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. County <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>at home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>12-01</i>	
6. LENGTH OF STAY IN BALTIMORE <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>11 Wendover Rd</i>	
7. SEX <i>Female</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	10. DATE OF BIRTH <i>Feb 25/1880</i>
11. AGE (in years last birthday) <i>72</i>		12. AGE (in years last birthday) <i>72</i>	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONE</i>		14. KIND OF BUSINESS OR INDUSTRY <i>NONE</i>	
15. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		16. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
17. FATHER'S NAME <i>Alvin Gordon</i>		18. MOTHER'S MAIDEN NAME <i>Agnes Carmistad</i>	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		20. SOCIAL SECURITY NO. <i>no</i>	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>422.11</i>		22. CAUSE OF DEATH (A) <i>Arteriosclerotic Cardio Vascular Disease</i> DUE TO	
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH			
24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
25. DATE OF OPERATION		26. MAJOR FINDINGS OF OPERATION	
27. DATE OF OPERATION		28. MAJOR FINDINGS OF OPERATION	
29. DATE OF OPERATION		30. MAJOR FINDINGS OF OPERATION	
31. DATE OF OPERATION		32. MAJOR FINDINGS OF OPERATION	
33. DATE OF OPERATION		34. MAJOR FINDINGS OF OPERATION	
35. DATE OF OPERATION		36. MAJOR FINDINGS OF OPERATION	
37. DATE OF OPERATION		38. MAJOR FINDINGS OF OPERATION	
39. DATE OF OPERATION		40. MAJOR FINDINGS OF OPERATION	
41. DATE OF OPERATION		42. MAJOR FINDINGS OF OPERATION	
43. DATE OF OPERATION		44. MAJOR FINDINGS OF OPERATION	
45. DATE OF OPERATION		46. MAJOR FINDINGS OF OPERATION	
47. DATE OF OPERATION		48. MAJOR FINDINGS OF OPERATION	
49. DATE OF OPERATION		50. MAJOR FINDINGS OF OPERATION	
51. DATE OF OPERATION		52. MAJOR FINDINGS OF OPERATION	
53. DATE OF OPERATION		54. MAJOR FINDINGS OF OPERATION	
55. DATE OF OPERATION		56. MAJOR FINDINGS OF OPERATION	
57. DATE OF OPERATION		58. MAJOR FINDINGS OF OPERATION	
59. DATE OF OPERATION		60. MAJOR FINDINGS OF OPERATION	
61. DATE OF OPERATION		62. MAJOR FINDINGS OF OPERATION	
63. DATE OF OPERATION		64. MAJOR FINDINGS OF OPERATION	
65. DATE OF OPERATION		66. MAJOR FINDINGS OF OPERATION	
67. DATE OF OPERATION		68. MAJOR FINDINGS OF OPERATION	
69. DATE OF OPERATION		70. MAJOR FINDINGS OF OPERATION	
71. DATE OF OPERATION		72. MAJOR FINDINGS OF OPERATION	
73. DATE OF OPERATION		74. MAJOR FINDINGS OF OPERATION	
75. DATE OF OPERATION		76. MAJOR FINDINGS OF OPERATION	
77. DATE OF OPERATION		78. MAJOR FINDINGS OF OPERATION	
79. DATE OF OPERATION		80. MAJOR FINDINGS OF OPERATION	
81. DATE OF OPERATION		82. MAJOR FINDINGS OF OPERATION	
83. DATE OF OPERATION		84. MAJOR FINDINGS OF OPERATION	
85. DATE OF OPERATION		86. MAJOR FINDINGS OF OPERATION	
87. DATE OF OPERATION		88. MAJOR FINDINGS OF OPERATION	
89. DATE OF OPERATION		90. MAJOR FINDINGS OF OPERATION	
91. DATE OF OPERATION		92. MAJOR FINDINGS OF OPERATION	
93. DATE OF OPERATION		94. MAJOR FINDINGS OF OPERATION	
95. DATE OF OPERATION		96. MAJOR FINDINGS OF OPERATION	
97. DATE OF OPERATION		98. MAJOR FINDINGS OF OPERATION	
99. DATE OF OPERATION		100. MAJOR FINDINGS OF OPERATION	

MEDICAL CERTIFICATION

1875 1876 1877 1878 1879 1880 1881 1882 1883 1884 1885 1886 1887 1888 1889 1890 1891 1892 1893 1894 1895 1896 1897 1898 1899 1900

1875 1876 1877 1878 1879 1880 1881 1882 1883 1884 1885 1886 1887 1888 1889 1890 1891 1892 1893 1894 1895 1896 1897 1898 1899 1900

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6752**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Rozalia Kolkowski (Cork)</b>			2. DATE OF DEATH <b>July 19 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore Md.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>1-01</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>726 S Curley St.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>65</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>726 S. Curley St</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Sept 4 1866</b>		9. AGE in years last birthday <b>85</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Poland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>unknown</b>			14. MOTHER'S MAIDEN NAME <b>Frances Zaporowska</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mrs Catherine Marki 726 S. Curley St</b>		

18. <b>422.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arterio sclerotic C. V. Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>
DUE TO (A) _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) _____		
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1937** to **July 19, 1952** that I last saw the deceased alive on **July 18, 1952** and that death occurred at **1:20 A.M.** from the causes and on the date stated above.

23A. SIGNATURE <b>Stephen C. Mackowiak M.D.</b>		23B. ADDRESS <b>6714 Bloch Ave</b>		23C. DATE SIGNED <b>July 19, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 23 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>St Stanislaus</b>	
24D. LOCATION (City, town, or county) (State) <b>Dundalk Ave Md</b>		25. FUNERAL DIRECTOR <b>John J. Guda Inc</b>		ADDRESS <b>2829 Dundalk Ave</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>Aug 21 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>			



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6753  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Hubert Benjamin Dickerson</b>			2. DATE OF DEATH <b>July 20, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>US PHS Hospital Baltimore 11, Md.</b>			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore --- Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>100 W. 28th Street</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 4, 1900</b>	9. AGE (In years last birthday) <b>52</b>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Coast Guardsman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>US CG</b>	11. BIRTHPLACE (State or foreign country) <b>Alabama</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Joseph Dickerson</b>			14. MOTHER'S MAIDEN NAME <b>Estella Vaisden</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes</b>		16. SOCIAL SECURITY NO. ---	17. INFORMANT ADDRESS <b>Records, USPHS Hospital, Balto., Md.</b>		

18. <b>167X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma right lung with extension to heart and pericardium</b>		CAUSE OF DEATH (A) <b>Carcinoma right lung with extension to heart and pericardium</b> DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <b>approx. 6 months</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>7</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jun. 25**, 19**52** to **July 20**, 19**52**, that I last saw the deceased alive on **July 20, 1952**, and that death occurred at **12:40 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>J.A. Hunter, Jr., Sr. Surgeon</b>	23B. ADDRESS <b>US PHS Hospital Wyman Park Drive &amp; 31st St.</b>	23C. DATE SIGNED <b>7-21-52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>July 24/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Arlington National</b>
24D. LOCATION (City, town, or county) <b>Arlington Va</b>		(State)

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 21 1952</b>	REGISTRAR'S SIGNATURE <b>Thurston Williams, M.D.</b>	25. FUNERAL DIRECTOR ADDRESS <b>Thompson &amp; Sons Co. 59591 300-4 Washington D.C.</b>
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STATEMENT OF DEATH

DATE

<p>1. Name of deceased</p>		<p>2. Sex</p>	
<p>3. Age</p>		<p>4. Date of birth</p>	
<p>5. Place of birth</p>		<p>6. Date of death</p>	
<p>7. Cause of death</p>		<p>8. Place of death</p>	
<p>9. Signature of physician</p>		<p>10. Signature of registrar</p>	
<p>11. Signature of witness</p>		<p>12. Signature of witness</p>	
<p>13. Signature of witness</p>		<p>14. Signature of witness</p>	
<p>15. Signature of witness</p>		<p>16. Signature of witness</p>	
<p>17. Signature of witness</p>		<p>18. Signature of witness</p>	
<p>19. Signature of witness</p>		<p>20. Signature of witness</p>	
<p>21. Signature of witness</p>		<p>22. Signature of witness</p>	
<p>23. Signature of witness</p>		<p>24. Signature of witness</p>	
<p>25. Signature of witness</p>		<p>26. Signature of witness</p>	
<p>27. Signature of witness</p>		<p>28. Signature of witness</p>	
<p>29. Signature of witness</p>		<p>30. Signature of witness</p>	
<p>31. Signature of witness</p>		<p>32. Signature of witness</p>	
<p>33. Signature of witness</p>		<p>34. Signature of witness</p>	
<p>35. Signature of witness</p>		<p>36. Signature of witness</p>	
<p>37. Signature of witness</p>		<p>38. Signature of witness</p>	
<p>39. Signature of witness</p>		<p>40. Signature of witness</p>	
<p>41. Signature of witness</p>		<p>42. Signature of witness</p>	
<p>43. Signature of witness</p>		<p>44. Signature of witness</p>	
<p>45. Signature of witness</p>		<p>46. Signature of witness</p>	
<p>47. Signature of witness</p>		<p>48. Signature of witness</p>	
<p>49. Signature of witness</p>		<p>50. Signature of witness</p>	
<p>51. Signature of witness</p>		<p>52. Signature of witness</p>	
<p>53. Signature of witness</p>		<p>54. Signature of witness</p>	
<p>55. Signature of witness</p>		<p>56. Signature of witness</p>	
<p>57. Signature of witness</p>		<p>58. Signature of witness</p>	
<p>59. Signature of witness</p>		<p>60. Signature of witness</p>	
<p>61. Signature of witness</p>		<p>62. Signature of witness</p>	
<p>63. Signature of witness</p>		<p>64. Signature of witness</p>	
<p>65. Signature of witness</p>		<p>66. Signature of witness</p>	
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<p>69. Signature of witness</p>		<p>70. Signature of witness</p>	
<p>71. Signature of witness</p>		<p>72. Signature of witness</p>	
<p>73. Signature of witness</p>		<p>74. Signature of witness</p>	
<p>75. Signature of witness</p>		<p>76. Signature of witness</p>	
<p>77. Signature of witness</p>		<p>78. Signature of witness</p>	
<p>79. Signature of witness</p>		<p>80. Signature of witness</p>	
<p>81. Signature of witness</p>		<p>82. Signature of witness</p>	
<p>83. Signature of witness</p>		<p>84. Signature of witness</p>	
<p>85. Signature of witness</p>		<p>86. Signature of witness</p>	
<p>87. Signature of witness</p>		<p>88. Signature of witness</p>	
<p>89. Signature of witness</p>		<p>90. Signature of witness</p>	
<p>91. Signature of witness</p>		<p>92. Signature of witness</p>	
<p>93. Signature of witness</p>		<p>94. Signature of witness</p>	
<p>95. Signature of witness</p>		<p>96. Signature of witness</p>	
<p>97. Signature of witness</p>		<p>98. Signature of witness</p>	
<p>99. Signature of witness</p>		<p>100. Signature of witness</p>	



20-152  
22K-6754

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6754

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Edward Gubanski

2. DATE  
OF  
DEATH

7-18-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

Baltimore City Hospital  
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

601 S. Caton Ave.

5. Length of stay in Baltimore

49 yrs.

6. SEX  
Male

7. COLOR OR RACE  
White

8. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

9. DATE OF BIRTH

May 18, 1888

10. AGE (In years  
last birthday)

64

11. Under 1 Year  
Months: Days

12. Under 24 Hours  
Hours: Min.

13A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

13B. KIND OF BUSINESS OR INDUSTRY

Loudon Pk. Cemetery

14. BIRTHPLACE (State or foreign country)

Germany

15. CITIZEN OF  
WHAT COUNTRY?

16. FATHER'S NAME

Lucas Gubanski

17. MOTHER'S MAIDEN NAME

Marie Berntz

18. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

19. SOCIAL  
SECURITY NO.

20. INFORMANT

ADDRESS

B.C.H. Records 4940 Eastern Ave.

18. 148X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Carcinoma of pharynx with metaspases  
to lungs, liver and neck

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

2 1/2 yrs.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)  
INJURY

23. INJURY OCCURRED

24. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐

NOT WHILE  
AT WORK ☐

25. I hereby certify that I attended the deceased from 5-16-52, 1951 to 7-18-52, 1952 that I last saw the  
deceased alive on 7-18-52, 1952, and that death occurred at 8: P. m., from the causes and on the date stated above.

23A. SIGNATURE

*J. S. Cohen*

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

7-19-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

July 22/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington*

25. FUNERAL DIRECTOR

ADDRESS

4101 Edmondson Ave.

1050 32

THE NEW YORK PUBLIC LIBRARY

ASTEN LENOX TILDEN FOUNDATION

LIBRARY

BOND

CHURCH

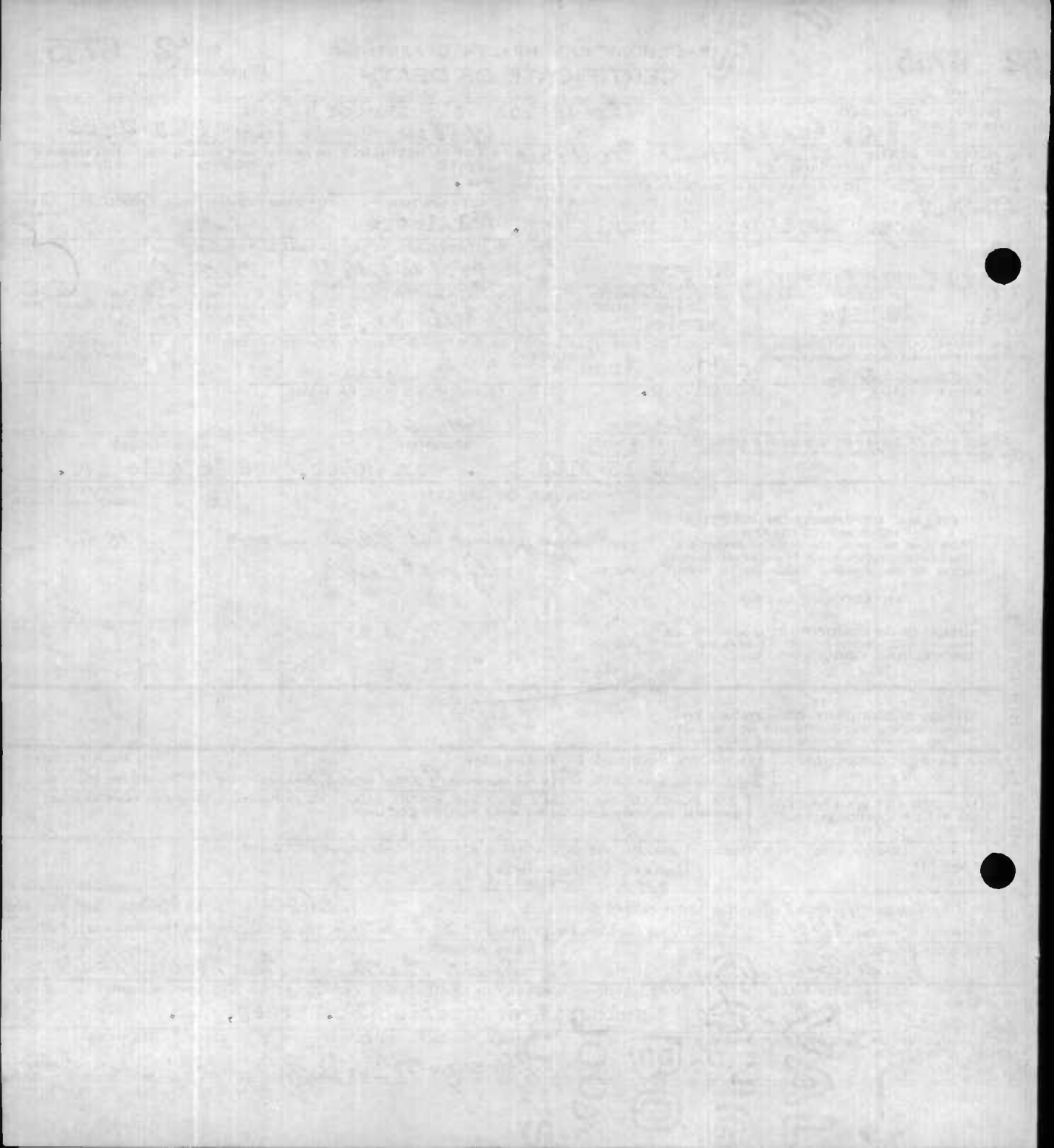
VALLEY

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52 6756

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6756

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Marshall Frank Schaefer

2. DATE  
OF  
DEATH

July 18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

1810 Wilhelm St.

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 14, 1899

9. AGE (In years  
last birthday)

52

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sheet Metal Worker

10B. KIND OF BUSINESS OR INDUSTRY

Wm. H., Hawkins

13. FATHER'S NAME

Wm. H. Schaefer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Sarah Ellen Zimmerman

17. INFORMANT

ADDRESS

Mrs. Fannie Schaefer, 1810 Wilhelm St

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/9, 1951, to 7/18, 1952, that I last saw the deceased alive on 7/14, 1952 and that death occurred at 2:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

July 22/52

Mt. Olivet

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 21 1952

Huntington Watkins, 1421 E. 1st St.

1401

Edmondson Ave.

3579

3

RECEIVED FOR THE DIRECTOR

DEPARTMENT OF THE ARMY

WASHINGTON, D. C.

OFFICE OF THE CHIEF OF STAFF

HEADQUARTERS, U. S. ARMY

WASHINGTON, D. C.

OFFICE OF THE CHIEF OF STAFF

HEADQUARTERS, U. S. ARMY

WASHINGTON, D. C.

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HEADQUARTERS, U. S. ARMY

WASHINGTON, D. C.

OFFICE OF THE CHIEF OF STAFF

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WASHINGTON, D. C.

OFFICE OF THE CHIEF OF STAFF

HEADQUARTERS, U. S. ARMY

WASHINGTON, D. C.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6757  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

*Samuel Barber*

2. DATE  
OF  
DEATH

*7-20-52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

*Maryland*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*University Hospital*

C. CITY OR TOWN (If outside corporate limits, write R. I. and give township)

*Baltimore*

D. STREET ADDRESS (If rural, give location)

*904 Linden Ave.*

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

*M*

6. COLOR OR RACE

*C*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*married*

8. DATE OF BIRTH

*March 8, 1904*

9. AGE (In years last birthday)

*48*

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Laborer*

10B. KIND OF BUSINESS OR INDUSTRY

*Gen*

11. BIRTHPLACE (State or foreign country)

*South Carolina*

12. CITIZEN OF WHAT COUNTRY?

*U. S. A.*

13. FATHER'S NAME

*Charles Barber*

14. MOTHER'S MAIDEN NAME

*Jane Green*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
*Mrs. Birdie Barber 319 W. Preston St*

18. *023X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral vascular accident*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *lyphilitic endarteritis*

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *7-1*, 19*52*, to *7-20*, 19*52*, that I last saw the deceased alive on *7-20*, 19*52*, and that death occurred at *4:00 P* m., from the causes and on the date stated above.

23A. SIGNATURE

*Donald A. Woffel*

23B. ADDRESS

*University Hospital*

23C. DATE SIGNED

*7-21-52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*7-24-52*

24C. NAME OF CEMETERY OR CREMATORY

*Mt. Auburn Cem*

24D. LOCATION (City, town, or county) (State)

*Baltimore . Md.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*Tranquille G. Hennessy*

ADDRESS

*578a*

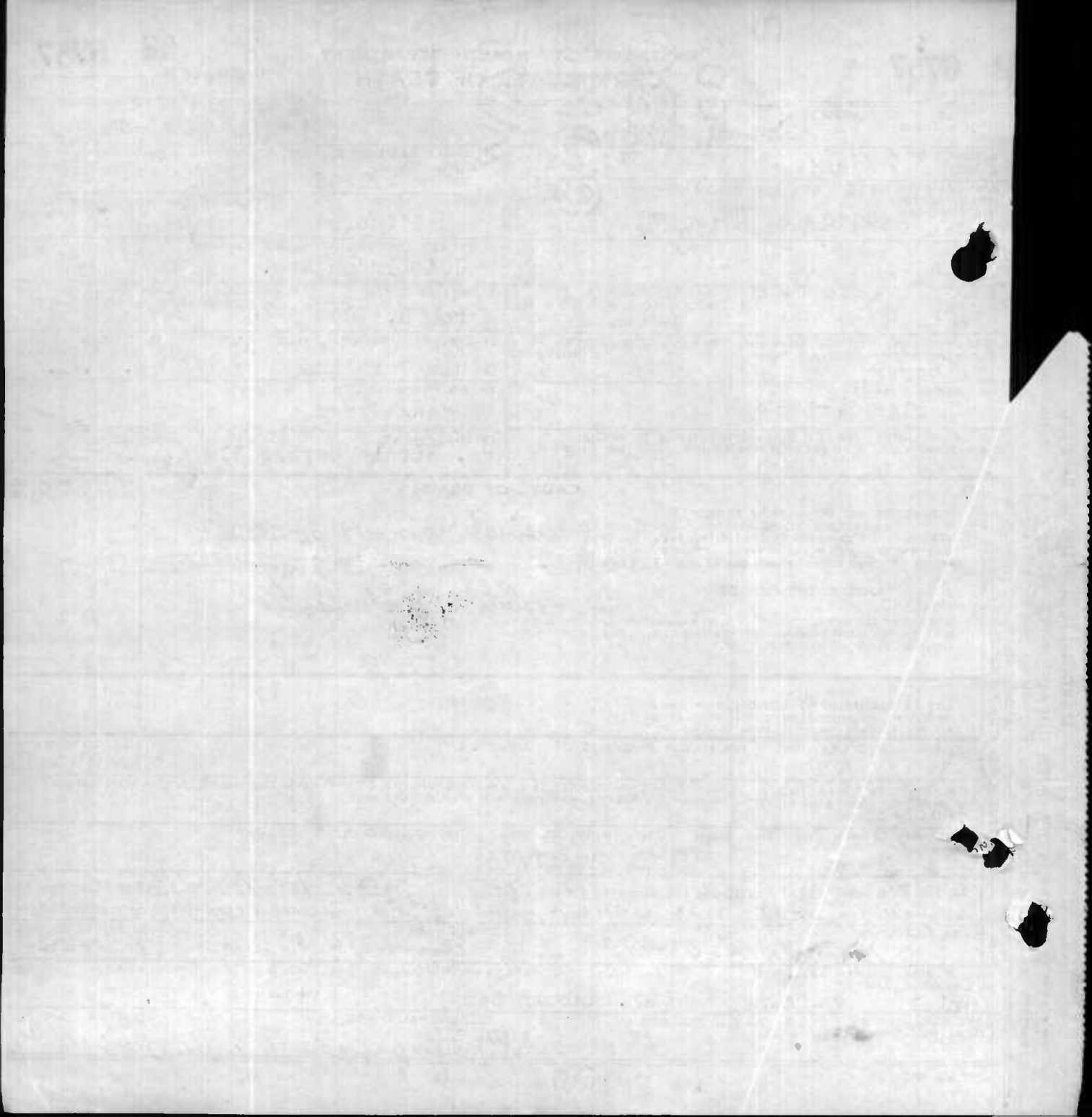
VS 150

*1952 7 29 9 59*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information correct age is especially important. Physicians: please write the causes of death

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **5266758**

1. NAME OF DECEASED  
(Type or Print)

**Bessie Merrick**

2. DATE  
OF  
DEATH

**July 19, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

**Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**621 N. Carrollton Ave.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)  
**621 N. Carrollton Ave.**

5. SEX 6. COLOR OR RACE

**Female**

**Colored**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**March 24, 1881**

9. AGE (In years last birthday) If Under 1 Year If Under 24 Hours  
Months: Days Hours: Min.

**71**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housewife**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Virginia**

12. CITIZEN OF WHAT COUNTRY?  
**U. S. A.**

13. FATHER'S NAME

**James Ellis**

14. MOTHER'S MAIDEN NAME

**Jane Holland**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**Mr. James Merrick 621 Carrollton Av**

18. **446X**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Chronic nephritis**

DUE TO

**Unknown**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arterio Sclerosis**

DUE TO

**Unknown**

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-10-1951** to **7-19-1952** that I last saw the deceased alive on **7-18-1952** and that death occurred at **2:30 Pm.** from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**7-22-52**

24C. NAME OF CEMETERY OR CREMATORY

**Arbutus Mem. Park**

24D. LOCATION (City, town, or county) (State)

**Baltimore Co., Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**JUL 21 1952**

**Huntington Williams, Jr.**

**W. Biddle St.**

**578**

8278 1 52

STATE OF TEXAS  
COUNTY OF DALLAS

8278

*[Faint, illegible text and markings on lined paper, possibly a document or form. The text is mirrored and appears to be bleed-through from the reverse side.]*

432  
52 6759BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6759  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

KLATZKY, Lena

2. DATE  
OF  
DEATH

7.21.52.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

Length of stay in Baltimore

60

Yrs.  
Mon.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

?

9. AGE (In years  
last birthday)

79

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Joseph

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

U.S. 9

14. MOTHER'S MAIDEN NAME

Jeanette

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Lena Richmond - 4224 Pimlico Rd.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

acute myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronarian atherosclerosis.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 7.21 1952, to 7.21 1952, that I last saw the  
deceased alive on 7.21 1952, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

E. Chelminsky

M. D.

Sinai Hospital

7.21.52.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

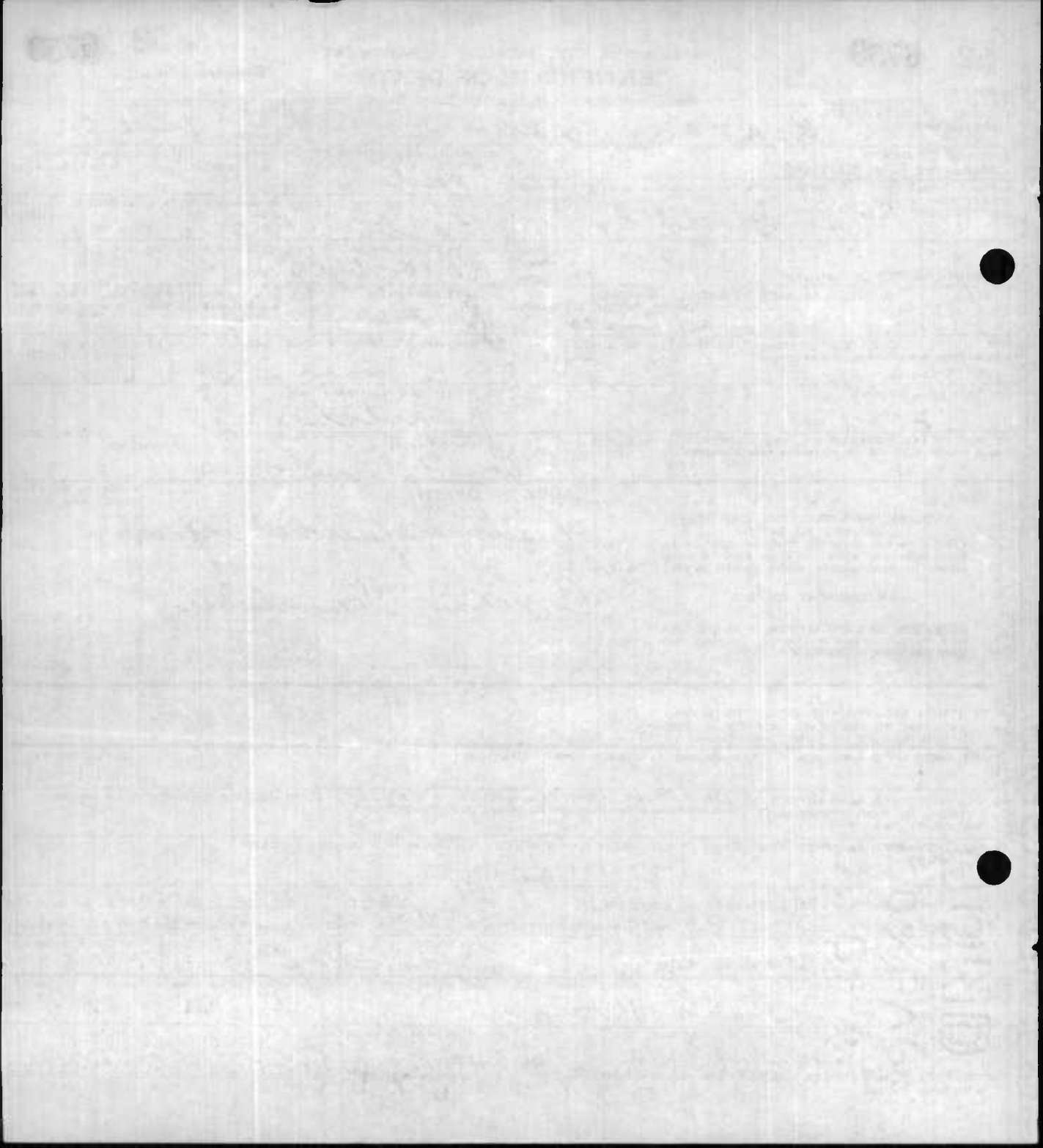
25. FUNERAL DIRECTOR

ADDRESS

JL 22 1952

Huntington Williams, M.D. - 2100 Eutaw Pl

9520406756





500

52 6760

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6760  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>RACHAEL B. COHEN</b>		2. DATE OF DEATH <b>7-21-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>1701 40th Ellamont St</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fennblatt Home</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 13-01</b>	
6. Length of stay in Baltimore <b>67</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3432 Lunder Ave</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED <b>Widowed</b>	8. DATE OF BIRTH <b>98</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Russia</b>
13. FATHER'S NAME <b>Samuel</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S. 9</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Leon Sugar - Sam</b>		ADDRESS	
18. <b>491X</b> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>Acute Coronary infarction</b>	
ANTECEDENT CAUSES		(B) <b>Acute Bronchopneumonia</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7/8 1952</b> to <b>7/20 1952</b> , that I last saw the deceased alive on <b>7/20 1952</b> and that death occurred at <b>9 PM</b> m., from the causes and on the date stated above.			
23. SIGNATURE <b>A. H. Hornstein</b>		23B. ADDRESS <b>2042 Biddle St</b>	23C. DATE SIGNED <b>7/22/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>7-22-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Hebrew Friendship</b>	24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 22 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Black &amp; Keene</b> ADDRESS <b>2100 Eutan Rd</b>	

MEDICAL CERTIFICATION

195206757

0372 32

Horvath

0372 32

52 6761

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6761

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mabel A. Frankton</b>		2. DATE OF DEATH <b>July 21/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>428 S. Payson St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>20-03</b>	
C. Length of stay in Baltimore <b>50 yrs.</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>428 S. Payson St.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 14, 1902</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>H.W.</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	9. AGE (In years last birthday) <b>50</b>
11. BIRTHPLACE (State or foreign country) <b>Md.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Mathew Ensey</b>		14. MOTHER'S MAIDEN NAME <b>Annie Jones</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Lorne Frankton</b>		ADDRESS <b>428 S. Payson St.</b>	

18. <b>171X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Greenoma of veins</b> CAUSE TO (A) <b>Greenoma of veins</b> DUE TO (B) <b>none</b> DUE TO (C) <b>none</b>	INTERVAL BETWEEN ONSET AND DEATH <b>8 mos</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>none</b>	

19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 1**, 19**52**, to **July 21**, 19**52**, that I last saw the deceased alive on **7/21**, 19**52**, and that death occurred at **5 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Huntington W. Higgins</b>	23B. ADDRESS <b>1030 W. Clearview</b>	23C. DATE SIGNED <b>7/21/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/23/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>
24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>		(State)

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 22 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington W. Higgins</b>	25. FUNERAL DIRECTOR <b>Edmondson Ave.</b>	ADDRESS
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4 1000 50

THE UNIVERSITY OF CHICAGO  
LIBRARY OF THE DIVISION OF THE PHYSICAL SCIENCES  
545

1951 12

52 6762

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6762

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Dr. Ruth Bowers

2. DATE  
OF  
DEATH

July 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY

Md.

27-38

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1688 Waverly Way

c. Length of stay in Baltimore

3 yrs

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8-3-22

9. AGE (In years  
or birthday)

27

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Midwifery

11. KIND OF BUSINESS OR  
INDUSTRY

Medicine

11. BIRTHPLACE (State or foreign country)

Wisconsin

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Ferris

14. MOTHER'S MAIDEN NAME

Annie Reed

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

?

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 705.5

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Erythema Bullosum

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/8, 1952, to 7/21, 1952, that I last saw the  
deceased alive on 7/21, 1952, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Ethan Louise Ullman

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7/21/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Cremation

24B. DATE

7/22/52

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 22 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER &amp; SONS, INC.

ADDRESS

BALTO., MD. 13, MD. Henry J. Sander





425.  
52 6763BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6763

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

MARY ELIZABETH FLECKENSTEIN

2. DATE

OF DEATH July 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

1701 Hope Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

9-09

township)

D. STREET ADDRESS (If rural, give location)

1701 Hope Street

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 31, 1893

9. AGE (in years)

58

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Josh Mitchell

14. MOTHER'S MAIDEN NAME

Katherine Bauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT 1701 Hope Street ADDRESS 2  
Mr. James Fleckenstein

18. 605X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Occlusion

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

obesity

DUE TO

(C)

Acute Myocarditis

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7.18, 1952 to 7.20, 1952 that I last saw the  
deceased alive on 7.18, 1952 and that death occurred at 8A.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

7/23/52

24C. NAME OF CEMETERY OR CREMATORY

St. Matthews Cemetery Baltimore, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER &amp; SONS, INC.

ADDRESS

BALTO. 13, MD. Sander &amp; Sons

1955

STANDARD

1955



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6764

52 6764  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JOHN A. BORCHERS</b>			2. DATE OF DEATH <b>July 20, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Mercy Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>1805 E. North Avenue</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 5, 1891</b>	9. AGE (In years last birthday) <b>60</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Postman</b>			11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>US Post Office</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>August Borchers</b>			14. MOTHER'S MAIDEN NAME <b>Mary Eigeldinger</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		
17. INFORMANT <b>Mrs. Martha E. Borchers</b>			1805 E. North Avenue		

## CAUSE OF DEATH

18. <b>42011</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b> DUE TO <b>Coronary Artery Disease</b> DUE TO <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
---	--

19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 1**, 19**49**, to **7/20**, 19**52**, that I last saw the deceased alive on **7/19**, 19**52** and that death occurred at **3.00** m., from the causes and on the date stated above.

23A. SIGNATURE **Robert Polley** M. O. 23B. ADDRESS **5703 Haskell Rd** 23C. DATE SIGNED **7/24/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>7/23/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cemetery Baltimore, Md.</b>	24D. LOCATION (City, town, or county) (State)
--	-----------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR **JUL 22 1952** REGISTRAR'S SIGNATURE **Huntington** FUNERAL DIRECTOR **HENRY SANDER & SONS, INC** ADDRESS **BALTO 7, MD.**

1875

DECEMBER 1875

1875

Received of the  
Hon. Secy of the Interior

for the purchase of  
land in the  
State of California

TO BE APPROVED BY MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT

D.O.A.

52 6765

## CERTIFICATE OF DEATH

Registered No.

52 6765

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Freye, William H. K.</b>			2. DATE OF DEATH <b>July 21, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>1752 Darley Avenue</b>			E. LENGTH OF STAY IN BALTIMORE Yrs. <b>0</b> Mos. <b>0</b> Days <b>0</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar. 16, 1885</b>		9. AGE (in years last birthday) <b>67</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Pipe Fitter</b>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Germany</b>
13. FATHER'S NAME <b>---</b>			12. CITIZEN OF WHAT COUNTRY? <b>---</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>213-01-6242</b>		17. INFORMANT <b>Mary Freye, 1752 Darley Avenue</b>

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <b>Coronary infarction</b> DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <b>Arteriosclerotic C. V. D.</b> DUE TO	
		(C) <b>CERTIFICATION APPROVED BY</b>	

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>19</b> , to <b>19</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>8:05 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>B. B. Veloz</b>		23B. ADDRESS <b>1100 N. Caroline Street</b>		23C. DATE SIGNED <b>July 21, 1952</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>7/24/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 22 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>St. Mary's, Inc.</b>		ADDRESS <b>1217 St. Paul St.</b>	

VS 150

57424

MEDICAL CERTIFICATION





254  
52 6766BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6766  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>EVERETT DUDLEY BUSHNELL</b>		2. DATE OF DEATH <b>JULY 21, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>MERCY HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 18-02</b>	
Length of stay in Baltimore <b>40 YEARS</b>		D. STREET ADDRESS (If rural, give location) <b>105 N. CAREY STREET</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIFE DIED IN 1928</b>	8. DATE OF BIRTH <b>DEC. 10, 1884</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>REI-PAINTER</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>HOUSE</b>	9. AGE (in years last birthday) <b>67</b> If Under 1 Year: Months <b>6</b> Days <b>21</b> If Under 24 Hours: Hours Min.
11. BIRTHPLACE (State or foreign country) <b>LONG ISLAND, NEW YORK</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>FREDERICK BUSHNELL</b>		14. MOTHER'S MAIDEN NAME <b>ELMIRA GRIFFIN</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>218-03-2060A</b>	
17. INFORMANT <b>STEP-DAUGHTER</b>		ADDRESS <b>8 LUKE DRIVE, PASADENA, MD.</b>	
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>ACUTE MYOCARDIAL INFARCTION</b> DUE TO (B) _____ DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>7/21</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7/15</b> , 19 <b>52</b> , to <b>7/21</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7/21</b> , 19 <b>52</b> , and that death occurred at <b>5 PM</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>C. R. Williams</b>		23B. ADDRESS <b>Maryland</b>	
23C. DATE SIGNED <b>7/21/52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>7/24/52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Western Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 22 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>Wm. C. G. G. Co.</b>		ADDRESS <b>1217 St. Paul St.</b>	

RECEIVED  
JAN 10 1964  
U.S. DEPARTMENT OF AGRICULTURE  
WASHINGTON, D.C. 20250

TO: DIRECTOR, AGRICULTURAL RESEARCH SERVICE  
FROM: [illegible]  
SUBJECT: [illegible]

[The following text is extremely faint and largely illegible. It appears to be a memorandum or report containing several paragraphs of text, possibly discussing agricultural research or policy. Key words like "Director", "Agricultural Research Service", and "Washington, D.C." are visible in the header. The body of the text contains several lines of what might be a letter or a report, but the specific details are not discernible.]

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6767  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

FRANK B. FORD (FRANCIS B. FORD)

2. DATE  
OF  
DEATH

July 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

SINA HOSPITAL

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

11/15/79

9. AGE (in years  
last birthday)

72

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

let - Salesman

10B. KIND OF BUSINESS OR  
INDUSTRY

Edw. G. Fick + Co

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Francis Ford

ROOFING

14. MOTHER'S MAIDEN NAME

Frances Barber

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL  
SECURITY NO.

26-05-2513

17. INFORMANT

WIFE

ADDRESS

629 GORSUCH AVE

18. 420.1 and 260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary occlusion

DUE TO

mit

INTERVAL BETWEEN  
ONSET AND DEATH

7/20/52

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Hypertensive arteriosclerosis  
cardiovascular disease

DUE TO

(C)

known for  
2 yearsOTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

diabetes mellitus

known for  
2 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/19, 1952, to 7/20, 1952, that I last saw the  
deceased alive on 7/20, 1952, and that death occurred at 4:08 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard A. Smiller

M. D.

23B. ADDRESS

714 N. Broadway

23C. DATE SIGNED

7/21/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/23/52

24C. NAME OF CEMETERY

London Park

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

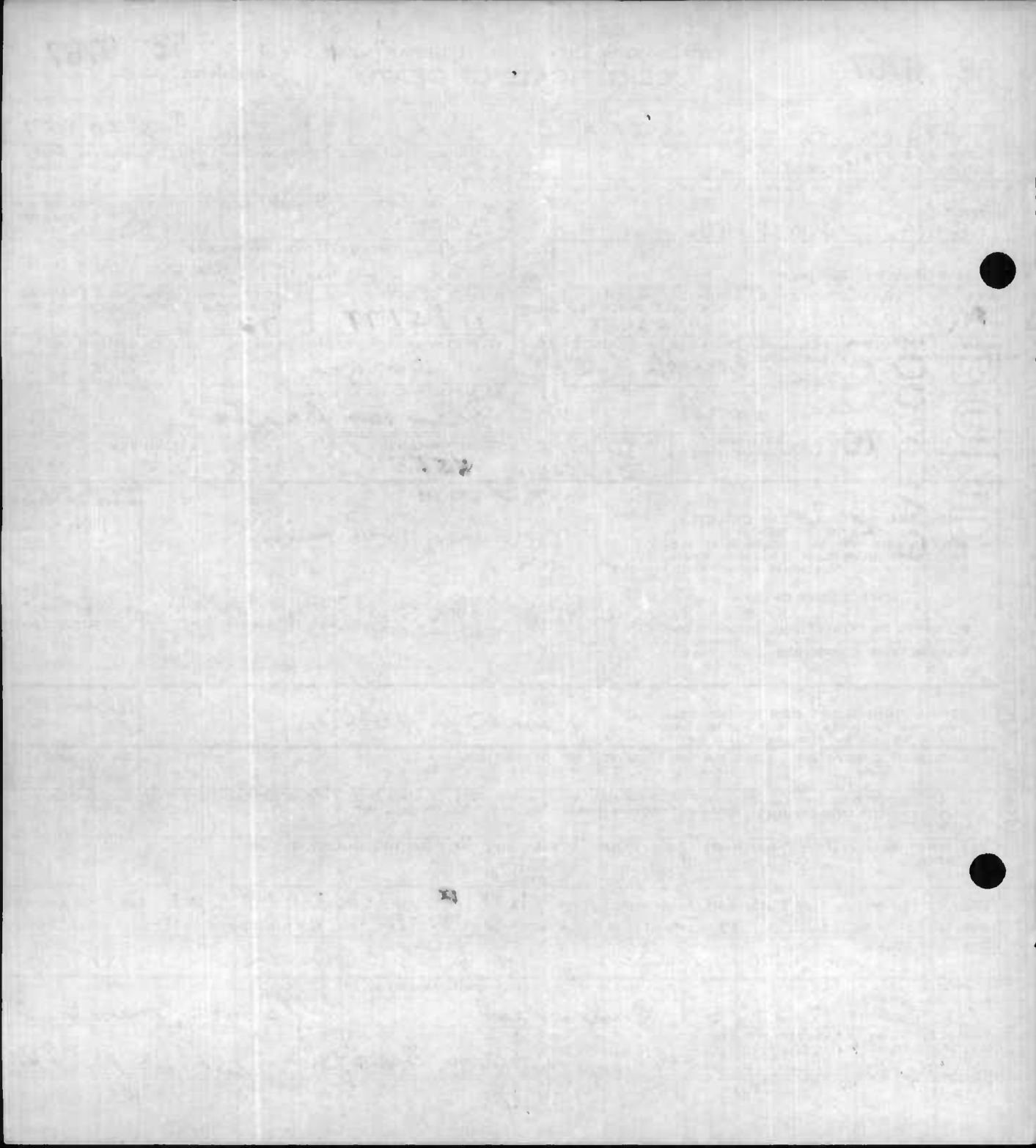
25. FUNERAL DIRECTOR

Wm. Cook, Inc., 1217 E. Paul St

ADDRESS

VS 150

4903E



52 6768

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6768

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Charles T. Townsend

2. DATE

OF  
DEATH

July 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4007 Primrose Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4007 Primrose Avenue

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 26, 1877

9. AGE (In years  
last birthday)

74

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Ret. Clerk

10B. KIND OF BUSINESS OR  
INDUSTRY

B. &amp; O. and W.M. R.R.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Charles B. Townsend

14. MOTHER'S MAIDEN NAME

Richard Anna Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

yes

Spanish American

16. SOCIAL  
SECURITY NO.

212-10-3916 A

17. INFORMANT

ADDRESS

Mrs. Rosa B. Townsend, 4007 Primrose Ave.

18. 491 X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, assthonia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Brouchopneumonia

36 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis generalized

indg.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Jul, 1952, to 20 Jul, 1952, that I last saw the  
deceased alive on 19 Jul, 1952 and that death occurred at 7:4 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

7/22/52

Druid Ridge Cemetery

Pikesville,

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 22 1952

Huntington Williams, M.D.

J.M. Cook, Inc.

1217 St. Paul Street

CERTIFICATE OF DEATH

STATE OF NEW YORK

1900

County of \_\_\_\_\_

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52 6769

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6769

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George A. Schrufer

2. DATE  
OF  
DEATH

July 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

4107 Harris Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4107 Harris Avenue

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

April 18, 1892

9. AGE (In years  
last birthday)

60

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Ret. Grocer

10B. KIND OF BUSINESS OR  
INDUSTRY

Self Employed

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

George Schrufer

14. MOTHER'S MAIDEN NAME

Christina Mueller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

George O. Schrufer, 4107 Harris Avenue

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, ashenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

Coronary Sclerosis

3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO

Myocardial Exhaustion

3 wks.

(C) .....

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, 19, to July 19, 1952, that I last saw the  
deceased alive on July 19, 1952, and that death occurred at 2 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

7/22/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 22 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 6770

52 6770

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years, last birthday)

10 Under 1 Year Months: Days  
11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during last year of working life, or if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

CAUSE OF DEATH

18. 401.2 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Infection and Myocarditis

ANTECEDENT CAUSES

Active

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Rheumatic Heart Disease

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 7-10-, 1952 to 7-21-, 1952, that I last saw the deceased alive on 7-21-, 1952, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

See Document File 52-6770

Reply to query

7/9/52 ES

255  
52 6771BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6771  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

IDA BUCHMAN

2. DATE  
OF  
DEATH

7/22/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Lutheran Hospital.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

3786 Columbus Drive

Length of stay in Baltimore

45 yrs.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

1892

9. AGE (In years,  
last birthday)

60

10. Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

Russia.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Israel Kushner

14. MOTHER'S MAIDEN NAME

Baia ??

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Issadore Buchman- 3786 Columbus Drive

18. 1260 X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Uremia due to arteriosclerotic renal disease.

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) arteriosclerosis.

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) diabetes mellitus.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/7, 1952 to 7/22, 1952 that I last saw the deceased alive on 7/22, 1952 and that death occurred at 3:25 A. M., from the causes and on the date stated above.

22a. SIGNATURE

M. D.

22b. ADDRESS

22c. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Burial

22 Jul

Tiferes Israel

Rosedale Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 22 1952

Huntington Williams

Sol. Levinson - Box - 1124-26 W.

12/1

EXHIBIT 2 OF 2

EXHIBIT 2





-460

52 6772

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6772  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) REBECCA SKLAR		2. DATE OF DEATH July 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3302 Sumter Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-16	
Length of stay in Baltimore 46 yrs.		D. STREET ADDRESS (If rural, give location) 3302 Sumter Avenue	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	9. AGE (in years last birthday) 68
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME Boris Harris		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Rubin Sklar-		ADDRESS 3302 Sumter Avenue	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Hypertensive Cardiovascular Disease DUE TO	INTERVAL BETWEEN ONSET AND DEATH 11 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C) DUE TO	

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July, 1940 to July 21, 1952, that I last saw the deceased alive on July 21, 1952 and that death occurred at 4:00 p.m., from the causes and on the date stated above.		
23A. SIGNATURE J. H. G. G. G.	23B. ADDRESS 2404 E. Lombard Ave	23C. DATE SIGNED July 21, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/22/52	24C. NAME OF CEMETERY OR CREMATORY Workmen Circle	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY JUL 22 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Sol. Levinson & Bros	ADDRESS 1124-26 W North Ave

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52 6773

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6773  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mr. Clifton L. Ganter

2. DATE  
OF  
DEATH

7/20/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Md.

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

Bon Secours Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
B radshaw, Md.D. STREET ADDRESS (If rural, give location)  
Old Philadelphua Road

5300

Length of stay in Baltimore

17 hrs.

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2/27/91

9. AGE (In years last birthday)

61

10. Under 1 Year Months Days 11. Under 24 Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Baker

10B. KIND OF BUSINESS OR INDUSTRY

Bakery

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?  
U.S.

13. FATHER'S NAME

Philip Ganter

14. MOTHER'S MAIDEN NAME

Annie Woonder

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

yes

W.W. 1

16. SOCIAL SECURITY NO.  
188-14-8900

17. INFORMANT

ADDRESS

Mrs. Clifton L. Ganter, Bradshaw, Md.

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Probable Coronary Infarction

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Occlusion

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 7/19, 1952 to 7/20, 1952 that I last saw the deceased alive on 7/20, 1952 and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

burial

July 24, 1952

St. Michaels Luth. Cem.

Perry Hall, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

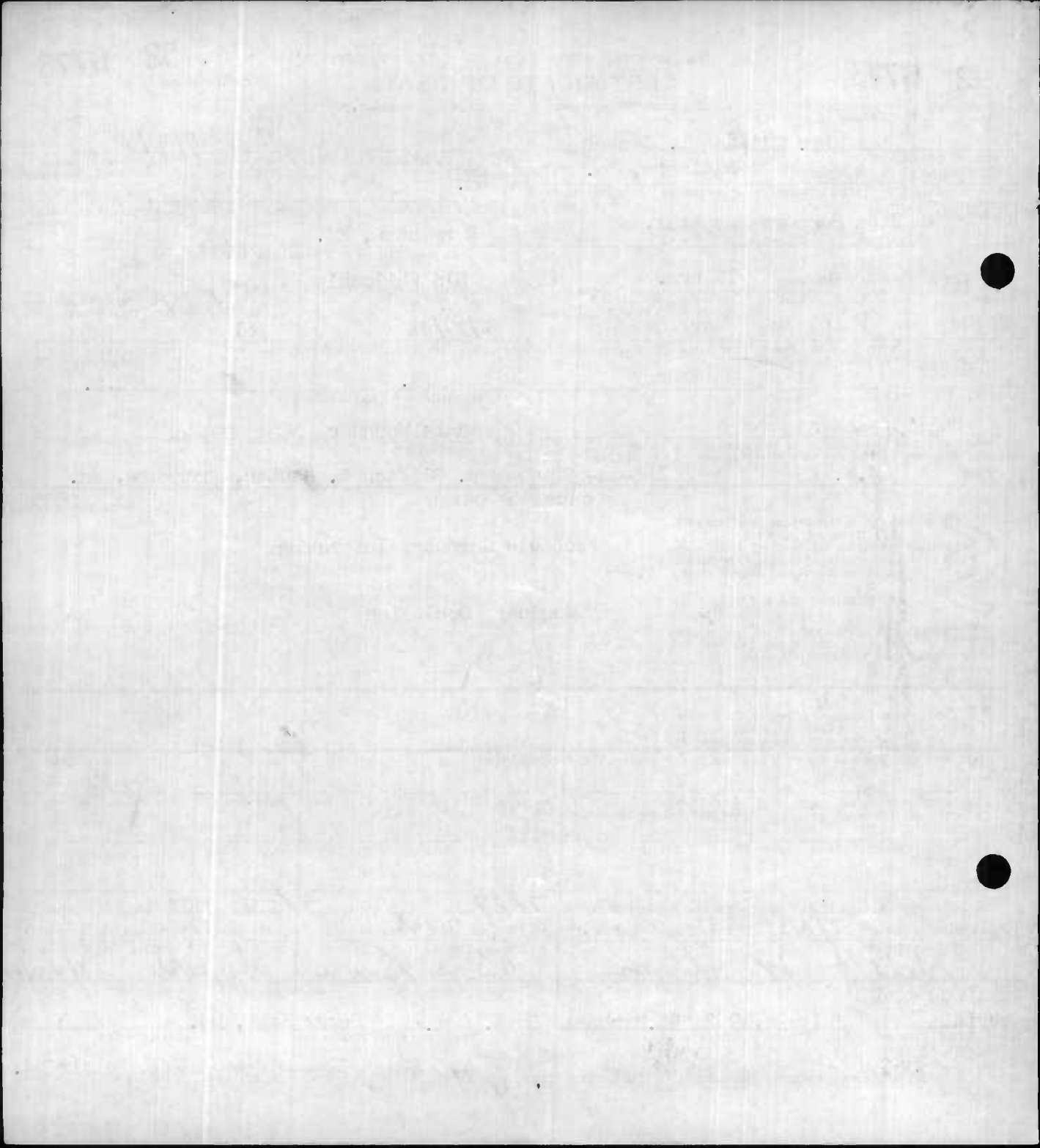
JUL 22 1952

Huntington Williams, M.D. 7401 Belair Rd.

VS 150

50044

MEDICAL CERTIFICATION



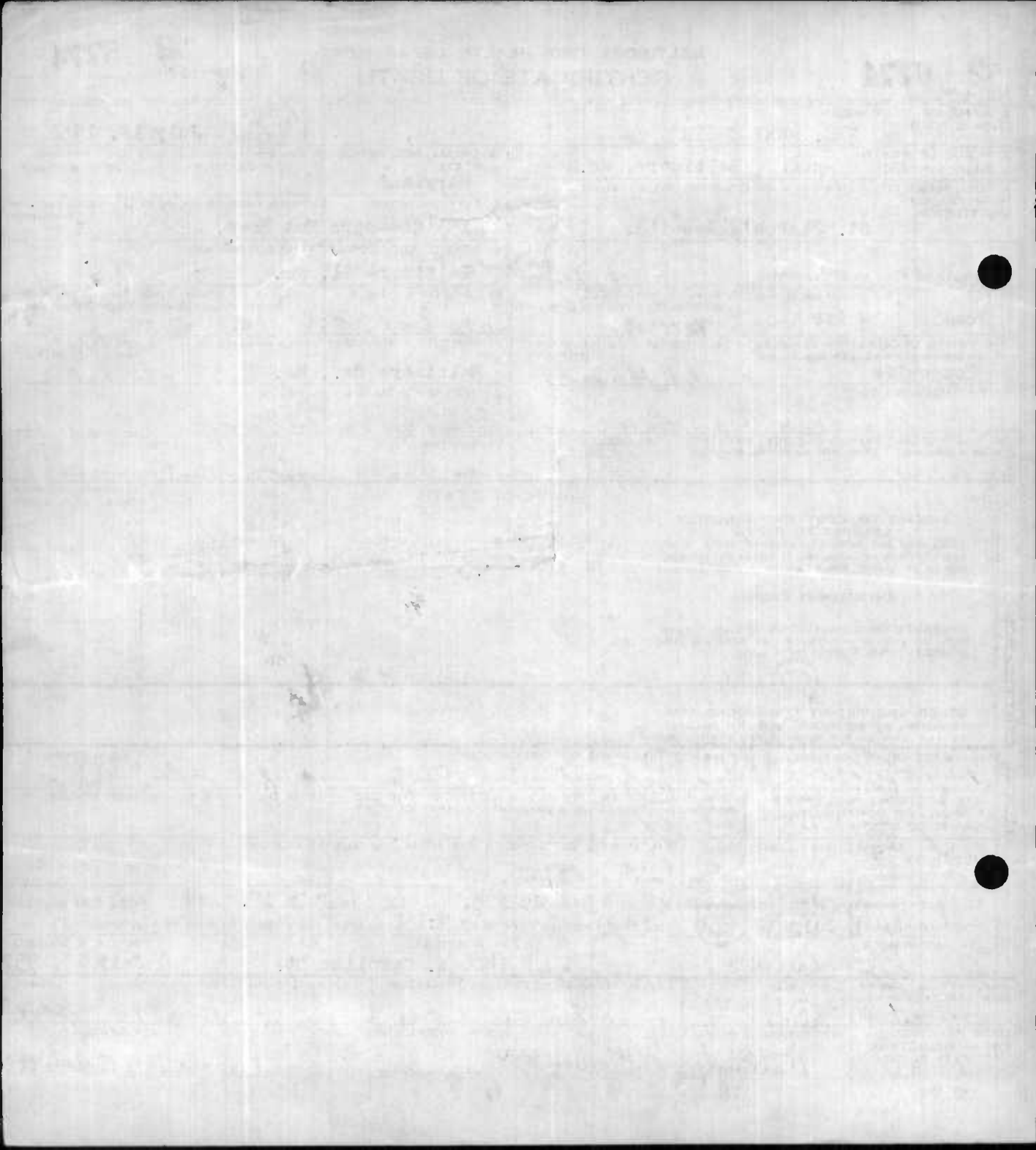
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52 6774

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6774  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>MRS. MARY SMITH</b>			2. DATE OF DEATH <b>July 18, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore, Md.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>153 Stemmers Run Road,</b>		
D. STREET ADDRESS (If rural, give location) <b>Baltimore 21, Md.</b>			E. LENGTH OF STAY IN BALTIMORE <b>Life</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 6-1898</b>	9. AGE (In years last birthday) <b>74</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		
11. BIRTHPLACE (State or foreign country) <b>Baltimore Co., Md.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>John Lanning</b>			14. MOTHER'S MAIDEN NAME <b>Barbara Storr</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>1</b>		
17. INFORMANT <b>Mr. Geo H Smith</b>			ADDRESS <b>6152 Stemmers Run</b>		
18. 011X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Inferior</b>			CAUSE OF DEATH (A) <b>Inferior</b> DUE TO <b>intestine &amp; obstruction</b>		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Intestinal obstruction, Recto-ovarian fistula</b>			INTERVAL BETWEEN ONSET AND DEATH		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>7-15-1952</b>			19B. MAJOR FINDINGS OF OPERATION <b>Intestinal obstruction, Recto-ovarian fistula</b>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>		
21C. WHERE DID INJURY OCCUR? <input type="checkbox"/>			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <input type="checkbox"/>		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR? <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from <b>July 5, 1952</b> , to <b>July 18, 1952</b> , that I last saw the deceased alive on <b>July 18, 1952</b> and that death occurred at <b>9:15 Pm.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>J. O'Neill</b>			23B. ADDRESS <b>1400 N. Caroline St.</b>		
23C. DATE SIGNED <b>July 18, 1952</b>			23D. DATE SIGNED <b>July 18, 1952</b>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			24B. DATE <b>7/22/52</b>		
24C. NAME OF CEMETERY OR CREMATORY <b>Zion Lutheran Cem</b>			24D. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>		
25. DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 22 1952</b>			25. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		
25. FUNERAL DIRECTOR <b>Paragon Funeral Home</b>			ADDRESS <b>741 Balmain Rd</b>		





460  
52 6775BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6775  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CLARA A. SCHILLER			2. DATE OF DEATH July 19th, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Matthews Nursing Home, 4515 Bowleys Lane			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-01		
6. LENGTH OF STAY IN BALTIMORE life			D. STREET ADDRESS (If rural, give location) 4409 Parkmont Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 3, 1881	9. AGE (In years last birthday) 70	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY own home		
11. BIRTHPLACE (State or foreign country) Balto., Md.			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Frank Dorman			14. MOTHER'S MAIDEN NAME Amelia Bloom		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT Mr. George Schiller, 4409 Parkmont Ave.			ADDRESS		

18. 420.0 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Hypertensive - arteriosclerotic heart DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 22 days 10 yr. 1 yr.
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19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1951, to July 19, 1952, that I last saw the deceased alive on July 19, 1952, and that death occurred at 5:57 P.M., from the causes and on the date stated above.

23A. SIGNATURE Adam Glewis M.D. 23B. ADDRESS 6232 Belair Rd. 23C. DATE SIGNED July 21, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE July 22, 1952	24C. NAME OF CEMETERY OR CREMATORY Immanuel Luth. Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
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DATE RECEIVED BY LOCAL REGISTRAR JUL 22 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Huntington Williams	ADDRESS 7401 Belair Rd.
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352  
160  
REA-16116952 6776  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6776

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Caroline Stansberry Shaffer (Stansbury)		July 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		A. STATE Md. B. COUNTY Baltimore	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		5354	
D. STREET ADDRESS (If rural, give location) Box 297 Holly Neck Rd. Balto. Co.-21			
5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH March 6, 1882	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done most of working life, even if retired) At Home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John (D)		14. MOTHER'S MAIDEN NAME Anna Stansbury (D) (Stansberry)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Records: B. C. H.		ADDRESS 4940 Eastern Avenue	
18. E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Possible Fat Embolism DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. FRACTURE OF RT. FEMUR		INTERVAL BETWEEN ONSET AND DEATH 24 hrs. CERTIFICATION APPROVED BY R. J. Fisher CHIEF OR ASST. MEDICAL EXAMINER	
19A. DATE OF OPERATION 7-18-52		19B. MAJOR FINDINGS OF OPERATION Transverse fracture of shaft of rt. femur	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21C. WHERE DID INJURY OCCUR? Box 297 Holly Neck Rd. Balto. Co.21		21D. TIME (Month) (Day) (Year) (Hour) 7- 17- 52 ?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pt. tripped and fell to floor.	
22. I hereby certify that I attended the deceased from 7-17-52, to 7-19-52, that I last saw the deceased alive on 7-19-52, and that death occurred at 7:30 P.M., from the causes and on the date stated above.		23A. SIGNATURE J. S. Cragan	
23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 7-19-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/23/52	
24C. NAME OF CEMETERY OR CREMATORY Hiss Methodist Cen		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR JUL 22 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR 3		ADDRESS Huntington Williams Funeral Home 7401 Balto Rd	

VS 150

TO BE APPROVED BY MEDICAL EXAMINER

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6777

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Elmer  
**EDWIN STRICKLER**

2. DATE  
OF  
DEATH

**July 19, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**University**

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

**21-02**

D. STREET ADDRESS (If rural, give location)

**844 Reinhart St.**

Length of stay in Baltimore

5. SEX

**M**

6. COLOR OR RACE

**W**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**single**

8. DATE OF BIRTH

**Sept. 21, 1880**

9. AGE (In years last birthday)

**71**

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Repairman (rtd)**

10B. KIND OF BUSINESS OR INDUSTRY

**Railroad**

11. BIRTHPLACE (State or foreign country)

**Maryland**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Edward E. Strickler**

14. MOTHER'S MAIDEN NAME

**Mary K. Potenkate**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Mr. Frank Strickler - 936 Ridgely St.**

18. **420.1**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

**Coronary artery sclerosis**

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**Stanley K. Doulacher**

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

**July 20, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**7/23/52**

24C. NAME OF CEMETERY OR CREMATORY

**Louisa Park Cem.**

24D. LOCATION (City, town, or county)

**Balto., Md.**

DATE RECEIVED BY LOCAL REGISTRAR

**JUL 22 1952**

REGISTRAR'S SIGNATURE

**Huntington**

25. FUNERAL DIRECTOR

**Wm. J. Vickner & Sons**

ADDRESS

**Balto 17, Md**

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RECEIVED FROM THE  
OFFICE OF THE  
COMMISSIONER OF THE  
GENERAL LAND OFFICE

1773 52

1773 52

with 4 minutes  
1773 52



520

52 6778

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6778

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

AXFORD Van HORNE RAMSEY

2. DATE  
OF  
DEATH

July 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

4317 Marble Hall Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
Baltimore township)

D. STREET ADDRESS (If rural, give location)

4317 Marble Hall Rd.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

Jan. 30, 1882

9. AGE (In years  
last birthday)

70

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Mfg. Rep. (Own)

10B. KIND OF BUSINESS OR  
INDUSTRY  
House Furnishings

11. BIRTHPLACE (State or foreign country)

N. Y.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Wm. John Ramsey

14. MOTHER'S MAIDEN NAME

Louisiana Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mrs. Clara S. Ramsey - 4317 Marble Hall Rd

ADDRESS

1B. 422.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Arterio Sclerotic Disease

(?)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE. (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946 to 7/20/52, 1952, that I last saw the  
deceased alive on 7/29, 1952, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Burial

24B. DATE

7/22/52

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 22 1952

Huntington Williams, M.D. M. J. Lickens &amp; Sons

VS 150

1559844

Ballo. 17 Md

MEDICAL CERTIFICATION

STATE OF ILLINOIS  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS  
CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH OF SPOUSE

NAME OF CHILD

DATE OF BIRTH OF CHILD

PLACE OF BIRTH OF CHILD

SEX OF CHILD

EDUCATION OF CHILD

OCCUPATION OF CHILD

RELIGION OF CHILD

DATE OF MARRIAGE OF CHILD

NAME OF SPOUSE OF CHILD

DATE OF DEATH OF SPOUSE OF CHILD

NAME OF GRANDCHILD

DATE OF BIRTH OF GRANDCHILD

PLACE OF BIRTH OF GRANDCHILD

SEX OF GRANDCHILD

EDUCATION OF GRANDCHILD

OCCUPATION OF GRANDCHILD

RELIGION OF GRANDCHILD

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6779  
Registered No.

52 6779  
BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William Paul Smith

2. DATE  
OF  
DEATH

July 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

USPHS Hospital, Balto., 11, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5340 Beaufort Avenue

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 12, 1924

9. AGE (In years  
last birthday)

28

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Tester

10B. KIND OF BUSINESS OR  
INDUSTRY

Bendix Co.

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Smith

14. MOTHER'S MAIDEN NAME

Pearl Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW II

16. SOCIAL  
SECURITY NO.

---

17. INFORMANT

Records

ADDRESS

USPHS Hospital, Balto. 11, Md

18. 190X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Malignant melanoma

3 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from 7-10-52, 19, to 7-20-1952 that I last saw the  
deceased alive on 7-20-1952, and that death occurred at 9:35 P., from the causes and on the date stated above.

23A. SIGNATURE

J. A. Hunter

23B. ADDRESS

USPHS Hospital

23C. DATE SIGNED

7-21-52

J. A. Hunter, Jr., Sr. Surgeon

M. D.

Wyman Park Drive & 31st St.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/23/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Pk.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25 FUNERAL DIRECTOR

ADDRESS

Wickner & Sons

Balto 17, Md.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6780  
Registered No.

52 6780  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>HELEN LOUISE BOWERS (MRS. HERBERT CHARLES BOWERS)</b>		2. DATE OF DEATH <b>7-19-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNION MEMORIAL HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 16 16-07</b>	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1423 ELLAMONT STREET</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT. 18, 1899</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>52</b>
13. FATHER'S NAME <b>STEPHEN MURPHY (MR.)</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>MOLLIE L. GAMBRILL</b>	
17. INFORMANT <b>HUSBAND</b>		ADDRESS <b>SAME</b>	

18. <b>42011</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary occlusion</b>	CAUSE OF DEATH (A) <b>Coronary occlusion</b> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <b>1 da.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertensive Cardio-vascular disease</b>	(B) <b>Hypertensive Cardio-vascular disease</b> DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>7-19-52</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>4:30 AM 7-19 1952</b> to <b>10:40 PM 7-19 1952</b> that I last saw the deceased alive on <b>7-19 1952</b> and that death occurred at <b>10:40 PM</b> from the causes and on the date stated above.		
23A. SIGNATURE <b>H. S. Green, Jr.</b>	23B. ADDRESS <b>Union Memorial Hosp.</b>	23C. DATE SIGNED <b>7-20-52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/24/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Balto. National Cem.</b>
		24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 22 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Wm. G. Dickover &amp; Sons</b>	ADDRESS <b>Balto 17 Md</b>
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RECEIVED

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52 6781

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6781

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY PIWINSKI

2. DATE  
OF  
DEATH

July 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

604 S. Wolfe Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

604 S. Wolfe Street

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

October 20, 1889

9. AGE (in years  
last birthday)

62

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph Karas

14. MOTHER'S MAIDEN NAME

Sophia Kyper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Henry Piwinski, 604 S. Wolfe Street

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Cardiac Distention

3 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Metastatic Carcinoma Lung

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from July, 1952, to July 20, 1952, that I last saw the deceased alive on July 17, 1952, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles E. MacMinn

M. D.

23B. ADDRESS

2900 E. Baltimore St

23C. DATE SIGNED

July 21, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/23/52

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, county)

Baltimore,

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 22 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

M. F. SADOWSKI &amp; SONS, 1808 EASTERN AVENUE

Charles W. Sadowski

JULY 1902

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6782  
Registered No.

52 6782  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>CHARLES SMITH</b>		2. DATE OF DEATH <b>July 20, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>15-01</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>729 School Street</b>		E. LENGTH OF STAY IN BALTIMORE <b>?</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>1885 67</b>
9. AGE (In years last birthday)		10. UNDER 1 YEAR Months: Days	11. UNDER 24 HOURS Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>WPA</b>	
11. BIRTHPLACE (State or foreign country) <b>Howard, Co. Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Chas. Smith</b>		14. MOTHER'S MAIDEN NAME <b>?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>William Jackson</b>		ADDRESS <b>1529 N. Stricker St.</b>	

18. <b>450.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic Gangrene of the Left Leg</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Generalized Arteriosclerosis and Uremia</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>[Signature]</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>7/21/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/23/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Auburn</b>	24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 22 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>1303 Presb't St.</b> ADDRESS <b>97091 Geo. G. Kelson</b>		

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DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>GEORGE MICHAEL SMITH</b>			2. DATE OF DEATH <b>July 19, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
Length of stay in Baltimore <b>32</b> yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>1233 N. Gay Street - 13</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>11-14-1898</b>		9. AGE (In years last birthday) <b>53</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watchman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Kress Farm Dairy</b>	11. BIRTHPLACE (State or foreign country) <b>Washington, D.C.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>George J. Smith</b>			14. MOTHER'S MAIDEN NAME <b>Mary Owens</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>316-01-1753</b>	17. INFORMANT <b>Mrs. B.H. Shipley</b>		
18. 191X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Congestive heart failure</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Carcinomatosis</b> DUE TO <b>Basal cell carcinomatosis of the skin</b>			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <b>0</b>			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>July 18th, 1952</b> , to <b>July 19th, 1952</b> , that I last saw the deceased alive on <b>July 19, 1952</b> , and that death occurred at <b>11:55 PM</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>R. Plouffe</b>		23B. ADDRESS <b>1400 N. Caroline Street - 13</b>		23C. DATE SIGNED <b>July 19, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7-23-1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Int. Olivet Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Washington D.C.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 22 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>F.C. Higinbotham</b>		
			ADDRESS <b>Ellicott City Md.</b>		

MEDICAL CERTIFICATION

VS 150

189 5 2 76344 7 8 0

1958

CERTIFICATE OF DEATH

1958

1. Name of deceased		2. Sex		3. Race		4. Date of birth		5. Place of birth	
6. Date of death		7. Time of death		8. Place of death		9. Cause of death		10. Manner of death	
11. Signature of physician		12. Signature of registrar		13. Signature of informant		14. Signature of witness		15. Signature of funeral director	
16. Signature of undertaker		17. Signature of cemetery		18. Signature of burial place		19. Signature of interment		20. Signature of final disposition	
21. Signature of crematorium		22. Signature of cremation		23. Signature of cremation		24. Signature of cremation		25. Signature of cremation	
26. Signature of cremation		27. Signature of cremation		28. Signature of cremation		29. Signature of cremation		30. Signature of cremation	
31. Signature of cremation		32. Signature of cremation		33. Signature of cremation		34. Signature of cremation		35. Signature of cremation	
36. Signature of cremation		37. Signature of cremation		38. Signature of cremation		39. Signature of cremation		40. Signature of cremation	
41. Signature of cremation		42. Signature of cremation		43. Signature of cremation		44. Signature of cremation		45. Signature of cremation	
46. Signature of cremation		47. Signature of cremation		48. Signature of cremation		49. Signature of cremation		50. Signature of cremation	
51. Signature of cremation		52. Signature of cremation		53. Signature of cremation		54. Signature of cremation		55. Signature of cremation	
56. Signature of cremation		57. Signature of cremation		58. Signature of cremation		59. Signature of cremation		60. Signature of cremation	
61. Signature of cremation		62. Signature of cremation		63. Signature of cremation		64. Signature of cremation		65. Signature of cremation	
66. Signature of cremation		67. Signature of cremation		68. Signature of cremation		69. Signature of cremation		70. Signature of cremation	
71. Signature of cremation		72. Signature of cremation		73. Signature of cremation		74. Signature of cremation		75. Signature of cremation	
76. Signature of cremation		77. Signature of cremation		78. Signature of cremation		79. Signature of cremation		80. Signature of cremation	
81. Signature of cremation		82. Signature of cremation		83. Signature of cremation		84. Signature of cremation		85. Signature of cremation	
86. Signature of cremation		87. Signature of cremation		88. Signature of cremation		89. Signature of cremation		90. Signature of cremation	
91. Signature of cremation		92. Signature of cremation		93. Signature of cremation		94. Signature of cremation		95. Signature of cremation	
96. Signature of cremation		97. Signature of cremation		98. Signature of cremation		99. Signature of cremation		100. Signature of cremation	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6784  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

TERESA SCHMIDT

2. DATE  
OF  
DEATH

July 19th, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3912 Walnut Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
B. COUNTY

Baltimore

D. STREET ADDRESS (If rural, give location)

3912 Walnut Avenue

C. Length of stay in Baltimore

40 Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 19th, 1952

9. AGE (In years last birthday)

69

If Under 1 Year Months Days  
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Real Estate Operator

10B. KIND OF BUSINESS OR INDUSTRY

Own Business

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Hinz

14. MOTHER'S MAIDEN NAME

Helen Kosel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Henry Schmidt, 706 Hatherleigh Rd. Balt

18. 155X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma Gall Bladder

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

General Metastases

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5-23-52

19B. MAJOR FINDINGS OF OPERATION

General Metastases - Throughout Abdomen

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from home - 1952, to July 19, 1952, that I last saw the deceased alive on 7-19, 1952, and that death occurred at 2:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

July 22, 1952

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUL 22 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. 7401 Belair Rd.

25. FUNERAL DIRECTOR

ADDRESS

47074

1981

DEPARTMENT OF HEALTH  
STATE OF NEW YORK

1981

DEPARTMENT OF HEALTH

1981

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52 6785

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6785

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

THOMAS E. JANKIEWICZ

2. DATE  
OF  
DEATH

July 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

219 N. Collington

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 24-1929

9. AGE (in years

last birthday)

22

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Fireman

10B. KIND OF BUSINESS OR INDUSTRY

Tug Boats

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Jankiewicz

14. MOTHER'S MAIDEN NAME

Mary Dowgiello

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes

Korea

16. SOCIAL SECURITY NO.

24-24-6750

17. INFORMANT

ADDRESS

Jos. Jankiewicz 219 N. Collington Ave

18. E822.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Crushing Injury of the Head

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

highway

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)  
Route 2 with Route 301 5300

About 1/4 mile north of intersection of

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

7/20/52 7:45 P.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

overturned

Driver of auto thrown from auto when it

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. P. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

7/20/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 22 1952

Huntington W. Higgins, M.D. 2007 Eastern Ave.

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1937 NOV 27

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6786  
Registered No. 52 6786

620  
52 6786  
BIRTH NO.

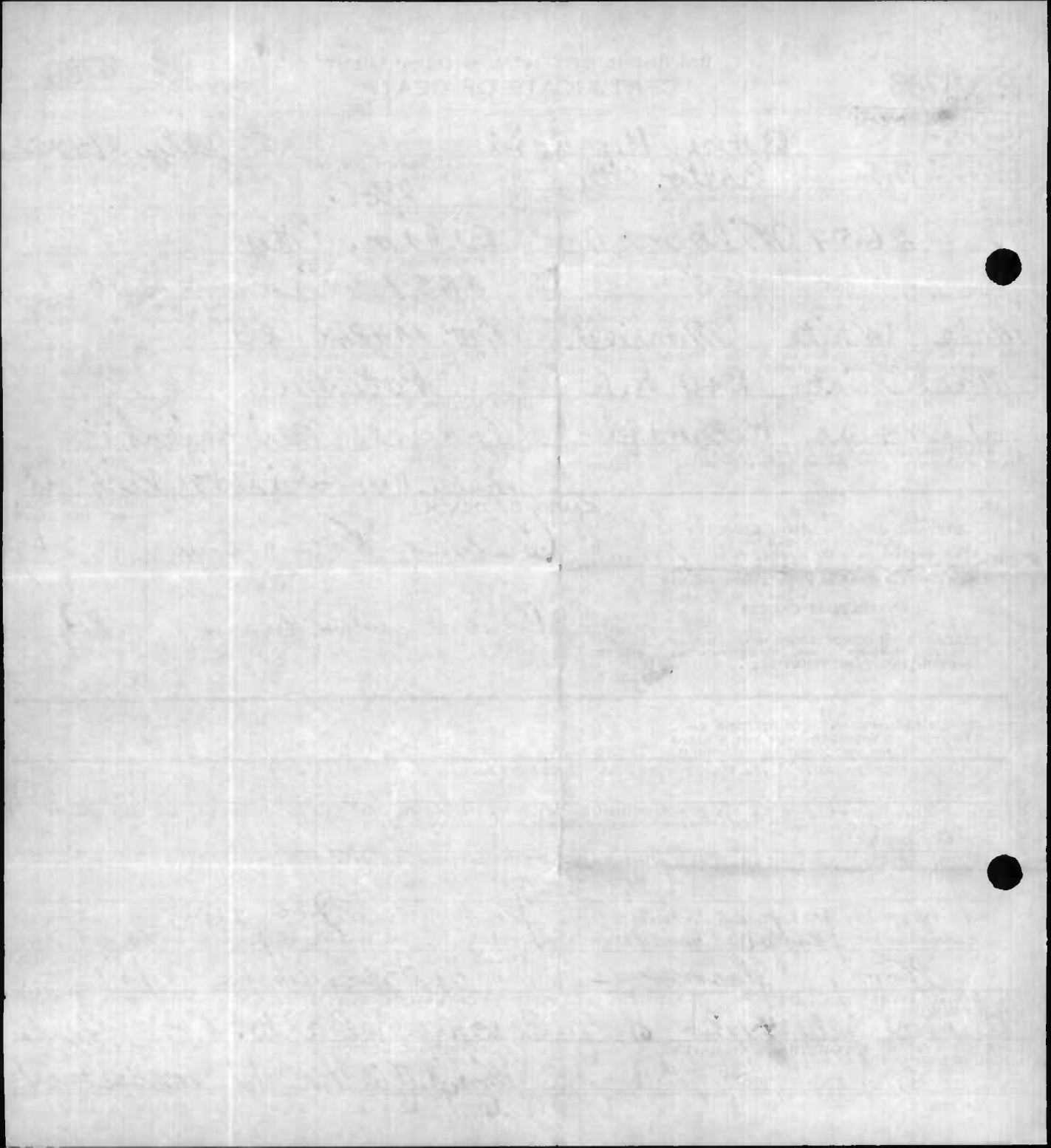
1. NAME OF DECEASED (Type or Print) <b>Boni Kuroski</b>			2. DATE OF DEATH <b>July 21-1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>2657 Wilkens Ave</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto. City 20-05</b>		
c. Length of stay in Baltimore <b>50</b> Yrs. <input type="checkbox"/> Mos. <input type="checkbox"/> Days <input type="checkbox"/>			D. STREET ADDRESS (If rural, give location) <b>2657 Wilkens Ave</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 10-1868</b>	9. AGE (In years last birthday) <b>83</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>B+O R.R</b>		11. BIRTHPLACE (State or foreign country) <b>Poland</b>
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <b>Thomas Kuroski</b>		
14. MOTHER'S MAIDEN NAME <b>Frances Mirzejeski</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <b>Mary Kuroski 2657 Wilkens Ave</b>		

18. <b>422.1</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		<b>Cerebral thrombosis</b>	
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June, 1952, to July 21, 1952 that I last saw the deceased alive on July 19, 1952 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE <b>Harry Glasman</b> M. D.		23B. ADDRESS <b>3687 Masker Ave</b>		23C. DATE SIGNED <b>July 22, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 24-1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Rosary</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto. Co. Md.</b>		25. FUNERAL DIRECTOR <b>Wm. S. Fialkowski</b>		ADDRESS <b>2007 Eastern Ave</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 22 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>			





160

52 6787

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6787

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

JOHN HENRY OFFER

JR.

2. DATE  
OF  
DEATH

JULY 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

WHITE HALL

D. STREET ADDRESS (If rural, give location)

5300

Length of stay in Baltimore

Yrs.  
Mos.  
Days

1/2

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

JULY 7, 1878

9. AGE (in years last birthday)

74

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CARPENTER

10B. KIND OF BUSINESS OR INDUSTRY

Carpenter

11. BIRTHPLACE (State or foreign country)

GERMANY MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

JOHN HENRY OFFER SR

14. MOTHER'S MAIDEN NAME

KATHERINA MEINSCHN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL SECURITY NO.

218-03-6247

17. INFORMANT

HOSPITAL RECORDS.

ADDRESS

UNION MEMORIAL H.

18. 540.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Partial obstruction of small intestine

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) intestinal adhesions

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

JUNE 11, 1952

19B. MAJOR FINDINGS OF OPERATION

GASTRIC ULCER

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1952, to July 21, 1952, that I last saw the deceased alive on July 21, 1952, and that death occurred at 2:45 AM, from the causes and on the date stated above.

23A. SIGNATURE

George W. Settle

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

July 21, 1952

24A. BURIAL, CREMA- TION, REMOVAL (Specify)

Burial

24B. DATE

7/23/52

24C. NAME OF CEMETERY OR CREMATORY

St. Pauli Cem

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

JUL 22 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Kuck

ADDRESS

5305 Norfolk Rd

VS 150

51024

MEDICAL CERTIFICATION

7879 31

THE UNIVERSITY OF CHICAGO PRESS

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200  
52 6788BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6788  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GUILIO RIZZO

2. DATE  
OF DEATH July 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

2924 Arlington Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

27-02

D. STREET ADDRESS (If rural, give location)

2924 Arlington Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

B. DATE OF BIRTH

July 18, 1878

9. AGE (In years  
last birthday)

74

11 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Merchant

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Sicily, Italy

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Gaetano Rizzo

14. MOTHER'S MAIDEN NAME

Frances Andolina

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Frances Rizzo. 2924 Arlington

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

A) Arteriosclerotic Cardiovascular Disease (10 yrs)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

B) Atherosclerosis, Chronic arthritis

C) Arteriosclerosis, terminal uremia

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from June 21, 1952, to July 21, 1952, that I last saw the  
deceased alive on July 20, 1952, and that death occurred at 1:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

H. V. Harbold

23B. ADDRESS

M. D. 4706 Harford Road - 14 July 21, 52

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/24/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Leonard J. Ruck, 5305 Harford Road.

ADDRESS



400

52 6789

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6789  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WALTER A. HILL

2. DATE

OF  
DEATH

July 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3222 Evergreen Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-44

O. STREET ADDRESS (If rural, give location)

3222 Evergreen Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 31, 1879

9. AGE (In years

last birthday)

73

11 Under 1 Year

Months: Days

12 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Printer

10B. KIND OF BUSINESS OR INDUSTRY

Prime Printing Co.

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Hill

14. MOTHER'S MAIDEN NAME

Mary Parker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

215-07-2455

17. INFORMANT

ADDRESS

A Mrs. Bertie M. Hill, 3222 Evergreen

18. 177X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma, Prostate, with  
Pelvic Metastasis

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Cardio-Vascular Disease 4 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 1949 to July 1952, that I last saw the deceased alive on July 16, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Wm. H. Kammer, Jr. M. D.

501 Sheridan Ave.

July 21, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/23/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 22 1952

Huntington Williams, M. D.

J. B. Rock, 5305 Harford Road.

VS 150

51244

MEDICAL CERTIFICATION





242

52 6790

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6790

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Niccolucci, Itale</b>		2. DATE OF DEATH <b>7-22-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore, Md.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Joseph Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 27-07</b>	
D. STREET ADDRESS (If rural, give location) <b>6608 E. Marietta Ave</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 28 - 1893</b>
9. AGE (in years last birthday) <b>58</b>		10. Under 1 Year Months: Days: If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer Foreman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Sewage Dept</b>	
11. BIRTHPLACE (State or foreign country) <b>Italy</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>Ralph Niccolucci</b>		14. MOTHER'S MAIDEN NAME <b>Ida Becherini</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Mary Niccolucci</b>		ADDRESS <b>SAME</b>	
18. <b>527.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Post operative segmental resection of left lung Cystic emphysema</b> (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>7-14-52</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7-10</b> , 19 <b>52</b> , to <b>7-22</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7-22</b> , 19 <b>52</b> , and that death occurred at <b>5:45 a.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>B. J. Velox</b>		23B. ADDRESS <b>St. Joseph Hospital</b>	
23C. DATE SIGNED <b>7-22-52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7/25/52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Balto National</b>		24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 22 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
FUNERAL DIRECTOR <b>L. J. Ruck</b>		ADDRESS <b>75305 Nayford Rd.</b>	

VS 150

52356

MEDICAL CERTIFICATION

## CERTIFICATE OF DEATH

1. Name of deceased, full name, last, first, middle

2. Date of birth, full date, day, month, year

3. Sex, male or female

4. Date of death, full date, day, month, year

5. Time of death, full time, hour, minute

6. Place of death, full place, street, city, state, zip

7. Cause of death, full cause, disease, injury, etc.

8. Manner of death, full manner, natural, accidental, suicide, homicide

9. Signature of physician, full name, last, first, middle

10. Signature of medical examiner, full name, last, first, middle

11. Signature of coroner, full name, last, first, middle

12. Signature of registrar, full name, last, first, middle

13. Signature of funeral director, full name, last, first, middle

14. Signature of undertaker, full name, last, first, middle

15. Signature of cemetery, full name, last, first, middle

16. Signature of burial society, full name, last, first, middle

17. Signature of funeral home, full name, last, first, middle

18. Signature of mortuary, full name, last, first, middle

19. Signature of embalmer, full name, last, first, middle

20. Signature of crematorium, full name, last, first, middle

21. Signature of interment, full name, last, first, middle

22. Signature of burial, full name, last, first, middle

23. Signature of cremation, full name, last, first, middle

23

52 6791

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6791

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Venice Apostolov</i>		2. DATE OF DEATH <i>7-21-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Agnes' Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i> <i>26-07</i>	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>4705 Eastern Ave</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Dec. 26, 1913</i>
10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>38</i>
13. FATHER'S NAME <i>Mike Matzaris</i>		11. BIRTHPLACE (State or foreign country) <i>Greece</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Jaffaris</i>	
		17. INFORMANT <i>Husband</i> ADDRESS <i>1930 St. Jameswood</i>	

18. *199.9*

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

*Carcinomatosis*

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Pleural effusion*19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *July 1*, 195*1*, to *July 21*, 195*2*, that I last saw the deceased alive on *July 21*, 195*2*, and that death occurred at *2:25* A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

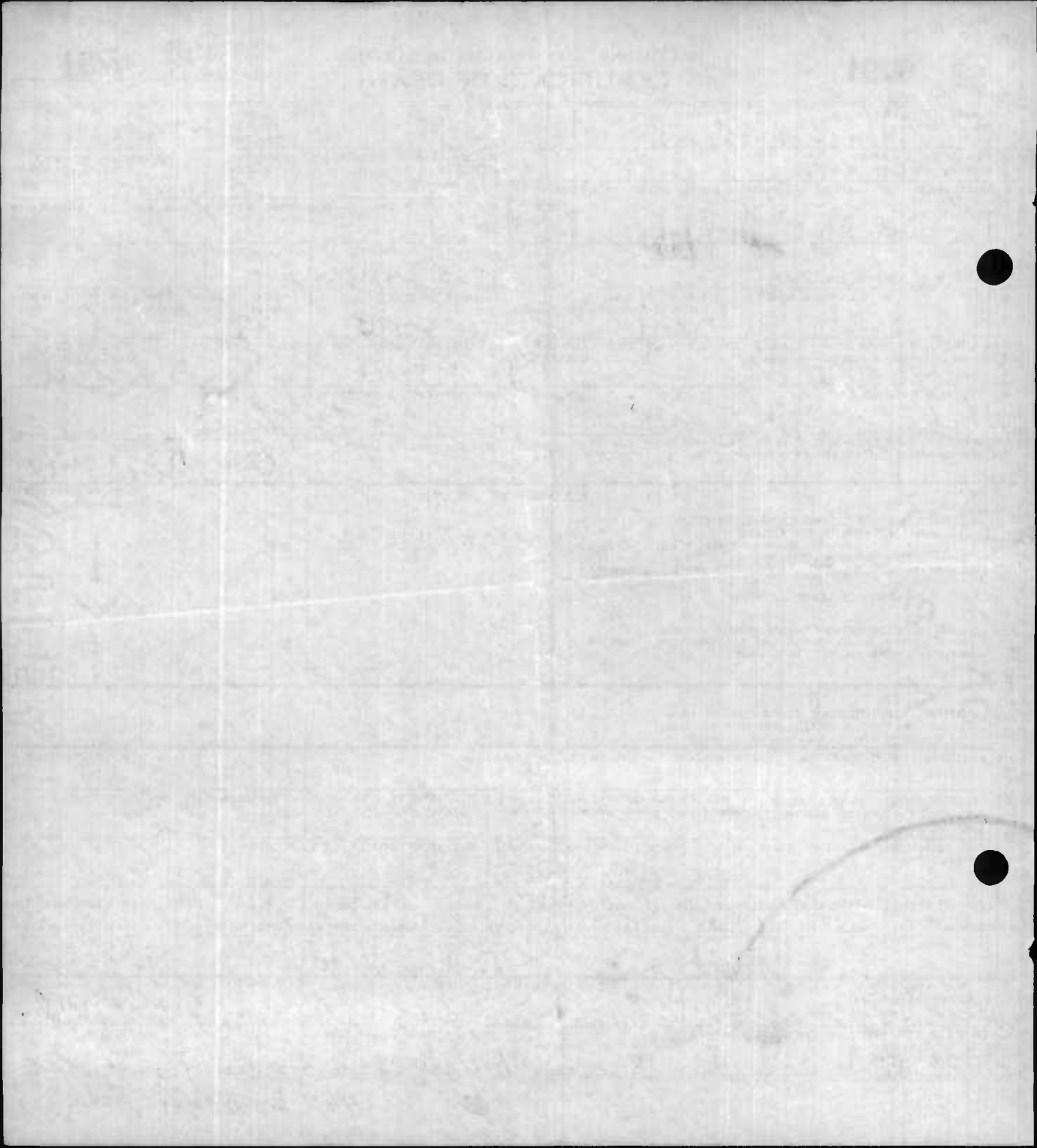
25. FUNERAL DIRECTOR

ADDRESS

VS 150

MEDICAL CERTIFICATION

*Burial*  
*7-23-52*  
*Green Cemetery*  
*Windsor Mill Rd.*  
*Jul 22 1952*  
*Huntington Williams, Northbrook Funeral Home Inc*  
*440 E. North Ave.*



240

52 6792

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6792

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ANNA R. Housley</b>			2. DATE OF DEATH <b>July 20, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>BALTIMORE</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>2305 ST. PAUL ST.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>LANSDOWN 5351</b>		
C. Length of stay in Baltimore <b>LIFE</b>			D. STREET ADDRESS (If rural, give location) <b>3112 HAMMONDS FERRY RD.</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>Nov. 25, 1972</b>	9. AGE (In years, last birthday) <b>79</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>			11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>		
13. FATHER'S NAME <b>JOHN W. DISNEY</b>			14. MOTHER'S MAIDEN NAME <b>ANICE UNKNOWN</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NONE</b>			16. SOCIAL SECURITY NO. <b>NONE</b>		
17. INFORMANT <b>Miss BEulah Housley</b>			ADDRESS <b>3112 HAMMONDS FERRY RD.</b>		

18. <b>4221</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute Cardiac Collapse</b>		CAUSE OF DEATH (A) <b>Acute Cardiac Collapse</b> DUE TO <b>Generalized Arterio-Sclerotic Cardiovascular Disease</b> (B) <b>Cerebral Sclerosis</b> DUE TO <b>Sensitivity</b> (C) <b>Sensitivity</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1da</b> <b>57</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **4/8**, 19**48**, to **7/20**, 19**52**, that I last saw the deceased alive on **7/20**, 19**52**, and that death occurred at **505 pm.**, from the causes and on the date stated above.

23A. SIGNATURE **Joseph G. Laukarts** M. D. 23B. ADDRESS **679 Washington Blvd.** 23C. DATE SIGNED **7/24/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>JULY 23, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>LODEN PARK</b>	24D. LOCATION (City, town, or county) (State) <b>BALTIMORE, MD.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 22 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Joseph T. Gumbert</b>	ADDRESS <b>1328 Sulphur Spring Rd.</b>
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430

52 6793

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6793

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELOISE, MOLLETT

2. DATE  
OF  
DEATH

18 JULY '52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

FRANKLIN SQ. HOSPITAL

Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

BALTIMORE MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE, MARYLAND

D. STREET ADDRESS (If rural, give location)

1042 W. LEXINGTON ST. 18-02

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

2, FEB. 1941

9. AGE (In years  
last birthday)

11

10. Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

CHILD

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JOSEPH MOLLETT

14. MOTHER'S MAIDEN NAME

ELOISE Butler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Eloise Mollo

ADDRESS

18. 332x and E916.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) CEREBROMALACIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) ANOXEMIA

DUE TO

(C) CARDIAC ARREST DURING  
ANESTHESIAII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> DEGREE BURNS  
OF OVER 40% OF BODYINTERVAL BETWEEN  
ONSET AND DEATHAPPROVED BY  
7 AOSCERTIFICATION  
R. E. Fisher  
CHIEF OR ASST. MEDICAL EXAMINER.

4 MIN

6 AOS

19A. DATE OF OPERATION

4 MARCH '52

19B. MAJOR FINDINGS OF OPERATION

SAME AS ABOVE

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

HOME

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

1042 W. LEXINGTON ST.

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

1 FEB '52

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
AT WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

SET ON FIRE BY BROTHER

22. I hereby certify that I attended the deceased from 18 JULY, 1952, to 18 JULY, 1952, that I last saw the  
deceased alive on 18 JULY, 1952, and that death occurred at 420 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Alan M. Lane, M.D.

M. D.

23B. ADDRESS

FRANKLIN SQ HOSP

23C. DATE SIGNED

18 JULY '52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/22/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem. Balto.

24D. LOCATION (City, town, or county) (State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 22 1952

REGISTRAR'S SIGNATURE

Huntington W. Haines, M.D.

25. FUNERAL DIRECTOR

Mrs. Helen R. Williams

ADDRESS

322 N. Schroeder St.

VS 150

N948.2

19520006790

1. The first part of the report deals with the general situation of the country and the progress of the work during the year. It is a summary of the work done by the various departments and a statement of the results achieved. It is a very important document and should be read by all who are interested in the work of the country.

2. The second part of the report deals with the financial statement of the country. It is a statement of the income and expenditure of the country and a statement of the assets and liabilities of the country. It is a very important document and should be read by all who are interested in the financial situation of the country.

3. The third part of the report deals with the administrative statement of the country. It is a statement of the work done by the various departments and a statement of the results achieved. It is a very important document and should be read by all who are interested in the administrative situation of the country.

4. The fourth part of the report deals with the social statement of the country. It is a statement of the social conditions of the country and a statement of the progress of the work done by the various departments. It is a very important document and should be read by all who are interested in the social situation of the country.

5. The fifth part of the report deals with the economic statement of the country. It is a statement of the economic conditions of the country and a statement of the progress of the work done by the various departments. It is a very important document and should be read by all who are interested in the economic situation of the country.

6. The sixth part of the report deals with the foreign statement of the country. It is a statement of the foreign relations of the country and a statement of the progress of the work done by the various departments. It is a very important document and should be read by all who are interested in the foreign situation of the country.

7. The seventh part of the report deals with the military statement of the country. It is a statement of the military situation of the country and a statement of the progress of the work done by the various departments. It is a very important document and should be read by all who are interested in the military situation of the country.

8. The eighth part of the report deals with the naval statement of the country. It is a statement of the naval situation of the country and a statement of the progress of the work done by the various departments. It is a very important document and should be read by all who are interested in the naval situation of the country.

9. The ninth part of the report deals with the air statement of the country. It is a statement of the air situation of the country and a statement of the progress of the work done by the various departments. It is a very important document and should be read by all who are interested in the air situation of the country.

10. The tenth part of the report deals with the railway statement of the country. It is a statement of the railway situation of the country and a statement of the progress of the work done by the various departments. It is a very important document and should be read by all who are interested in the railway situation of the country.

460

52 6794

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6794

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Theresa Mueller

2. DATE  
OF  
DEATH

July 20-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

28-41

D. STREET ADDRESS (If rural, give location)

4408 Liberty Heights Ave

Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 15, 1879

9. AGE (In years last birthday)

72

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Michael Mueller

14. MOTHER'S MAIDEN NAME

Elizabeth Eyring

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

219-30-9607 Hospital records

17. INFORMANT

ADDRESS

1B. 238x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Tumor of spine  
DUE TO

5 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to July 20, 1952, that I last saw the deceased alive on July 20, 1952, and that death occurred at 11 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Agnes E. Turrell

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

7/20/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

July 25-52

Holy Redeemer

Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

22 1952

Huntington Williams, MD

Eisenworth Armbrast

VS 150

4680 Liberty Heights Ave

MEDICAL CERTIFICATION

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636  
52 6795BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6795  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William Porter

2. DATE  
OF  
DEATH

July 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Mar. 23, 1908

9. AGE (In years  
last birthday)

43

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Steward and waiter

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

St. Margaret's A.D.C.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Wm. Porter

14. MOTHER'S MAIDEN NAME

Carril Wright

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT  
ADDRESS  
JOHNS HOPKINS HOSPITAL

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) cardiovascular accident

DUE TO

6 hrs

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) hypertensive cardiovascular  
disease

DUE TO

?

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
m. WORK AT WORK22. I hereby certify that I attended the deceased from 7/20, 1952 to 7/20, 1952, that I last saw the  
deceased alive on 7/20, 1952, and that death occurred at 945 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Richard J. Johns

M. D.

JOHNS HOPKINS HOSPITAL

7/20/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

July 23, 1952

Broadneck cemetery

Skidmore, A. A. Co. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 22 1952

Huntington, William

J. B. Johnson, 2 Annapolis, Md.

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6796  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CLARENCE RANDALL SLENBAKER

2. DATE  
OF  
DEATH

7-21-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1505 W. 36<sup>th</sup> ST. BALTO. II

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
a. STATE b. COUNTY

MARYLAND

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE, MD. 13-08

d. STREET ADDRESS (If rural, give location)

1505 W. 36<sup>th</sup> ST. BALTO. II

Length of stay in Baltimore

LIFE

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

12-4-91

9. AGE (In years,  
last birthday)

60

If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.

10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

METAL WORKER

10b. KIND OF BUSINESS OR  
INDUSTRY

SEIDEL BROS

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

WILLIAM SLENBAKER

14. MOTHER'S MAIDEN NAME

KATHERINE TRACEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 453.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Pulmonary embolus

1 da.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic heart disease

(C) DUE TO

Thrombo. angitis obliterans

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

6/17, 6/23, 7/11/52

19b. MAJOR FINDINGS OF OPERATION

(1) L. humeral Sympathectomy (2) Mid thigh amp. left leg (3) R. humeral Symp.

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to  
deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes stated on the date stated above.

23a. SIGNATURE

Harvey S. Green, Jr.

23b. ADDRESS

Union Memorial Hosp

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24b. DATE

July 23/52

24c. NAME OF CEMETERY OR CREMATORY

Moreland Park

24d. LOCATION (City, town, or county)

Taylor Ave, Md

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 22 1952

REGISTRAR'S SIGNATURE

Huntington W. Higgins

25. FUNERAL DIRECTOR

Augustine E. Bonoran

ADDRESS

3818 Roland Ave

MEDICAL CERTIFICATION

CERTIFICATION APPROVED BY  
CHIEF OR ASST. MEDICAL EXAMINER  
Date 7-21-52

887 95

RECEIVED

1911

22-1-11

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <u>Funous Julia Mitchell</u>		2. DATE OF DEATH <u>July 18, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Os 2</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>6-05</u>	
6. Length of stay in Baltimore <u>36 yrs.</u>		D. STREET ADDRESS (If rural, give location) <u>204 N. Ann St.</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 1, 1898</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>54</u>
13. FATHER'S NAME <u>Julius Mitchell</u>		11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
16. SOCIAL SECURITY NO. <u>215095090</u>		14. MOTHER'S MAIDEN NAME <u>Sally</u>	
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		ADDRESS	

**CAUSE OF DEATH**

16. <u>162X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) <u>broncho genesis carcinoma RUL</u> DUE TO (B) _____ DUE TO (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>generalized arteriosclerosis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>12 mos</u>  <u>3</u>
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19A. DATE OF OPERATION <u>7-18-52</u>		19B. MAJOR FINDINGS OF OPERATION <u>generalized arteriosclerosis</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 7-4, 1952 to 7-18, 1952, that I last saw the deceased alive on 7-18, 1952, and that death occurred at 2:55 A m., from the causes and on the date stated above.

23A. SIGNATURE <u>Richard Holmes</u>	23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	23C. DATE SIGNED <u>7-18-52</u>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>7-22-52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>mt calvary cem</u>	24D. LOCATION (City, town, or county) (State) <u>Brooklyn md</u>
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DATE RECEIVED BY LOCAL REGISTRAR <u>JUL 22 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams MD</u>	25. FUNERAL DIRECTOR <u>Clay Wilson</u>	ADDRESS <u>1000 Beauty</u>
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MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6798**

**52 6798**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>CHARLES HARRIS</b>			2. DATE OF DEATH <b>July 18, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>6-02</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>2046 High Alley</b>			E. LENGTH OF STAY IN BALTIMORE <b>9 Yrs.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>May-28-1916</b>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			9. AGE (in years last birthday) <b>36</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>Plumbing Company</b>			11. BIRTHPLACE (State or foreign country) <b>Cambridge, Md.</b>		
13. FATHER'S NAME <b>Kemp Harris</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>			14. MOTHER'S MAIDEN NAME <b>Bertie Myster</b>		
16. SOCIAL SECURITY NO. <b>220-10-6748</b>			17. INFORMANT ADDRESS <b>Eva Harris Macer Woolford Md.</b>		

18. <b>E925.3</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Asphyxia due to burial in sand</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Contusion of heart with pericardial hemorrhage</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>street</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Luressen Ave. &amp; Southern Ave.</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>July 18, 1952 2:15 PM</b>		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>cave-in.</b>
22. I certify that I took charge of the remains described above, held an <b>partial autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>Stanley B. Dunsacker</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>July 19, 1952</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/23/1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Oldfield Cemetary</b>	24D. LOCATION (City, town, or county) (State) <b>Oldfield Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 22 1952</b>		25. FUNERAL DIRECTOR ADDRESS <i>William Williams, N. 1st St. &amp; E. 1st St. Larchmont Md.</i>	





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6799

Registered No. 7-21-52

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George Hill

2. DATE  
OF  
DEATH

7-21-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Providence Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1207 Stricker St

Length of stay in Baltimore

20

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 1886

9. AGE (In years  
last birthday)

66

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Stone mason

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL  
SECURITY NO.

220-83-8911

17. INFORMANT

Carrie Hill - 1207 N. Stricker St

ADDRESS

18. 442X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Hypertensive cardio-vascular  
renal diseaseINTERVAL BETWEEN  
ONSET AND DEATH

5 yrs

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7.12.1952 to 7.21.1952, that I last saw the  
deceased alive on 7.21.1952, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

James D. Carr

M. D.

23B. ADDRESS

1427 Madison Ave

23C. DATE SIGNED

7.21.52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

7-24-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sprague W. Sullivan, Jr

0070

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0070

32

52 6800

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6800  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>MAX GOLANSKI</b>		2. DATE OF DEATH <b>July 20, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore <b>47 Yrs</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>737 S. Bond Street - 31</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>FEB. 19 1888</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grocer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>SELF.</b>	9. AGE (In years last birthday) <b>64</b>
11. BIRTHPLACE (State or foreign country) <b>Poland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>ANDREW GOLANSKI</b>		14. MOTHER'S MAIDEN NAME <b>TEKLA. ANDRZETIEWSKI</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>219-325214</b>	
17. INFORMANT <b>FREDA ZIELSKI</b>		ADDRESS <b>737 S BOND ST.</b>	

18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive cardiovascular disease</b> DUE TO <b>Cerebral vascular accident</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 16th, 1952**, to **July 20, 1952**, that I last saw the deceased alive on **July 20, 1952** and that death occurred at **5:40a** m., from the causes and on the date stated above.

23A. SIGNATURE **B. J. Hovine** M. D. 23B. ADDRESS **1400 N. Caroline Street - 13** 23C. DATE SIGNED **July 20, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>JULY 23 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>HOLY CROSS CEMETERY</b>	24D. LOCATION (City, town, or county) (State) <b>GERMAN HILL RD. MD.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 22 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Doppel Bros.</b>	ADDRESS <b>1800 E LOMBARD ST.</b>
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952 2906A

MEDICAL CERTIFICATION

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RECEIVED BY THE DIRECTOR

CENTRAL INTELLIGENCE AGENCY

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6801  
Registered No.

52 6801  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>PETER ENDRES.</b>		2. DATE OF DEATH <b>JULY 20 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>DOCTOR'S HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 6-04</b>	
5. Length of stay in Baltimore <b>LIFE</b>		D. STREET ADDRESS (If rural, give location) <b>204 N CHAPEL ST</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED.</b>	8. DATE OF BIRTH <b>NOV 3 1887</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SAW OPT.</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>REVER COPPER CO</b>	9. AGE (In years last birthday) <b>64</b>
13. FATHER'S NAME <b>MAYAMILLIAN ENDRES.</b>		11. BIRTHPLACE (State or foreign country) <b>BALTIMORE</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. SOCIAL SECURITY NO. <b>215-10-0062</b>		14. MOTHER'S MAIDEN NAME <b>CATHERINE ?</b>	
17. INFORMANT <b>CORA ENDRES</b>		ADDRESS <b>204 N CHAPEL ST.</b>	

1B. <b>151X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hemorrhage Stomach</b>		CAUSE OF DEATH (A) <b>Hemorrhage Stomach</b> DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Carcinoma Stomach</b>		(B) <b>Carcinoma Stomach</b> DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)	
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 12</b> , 19 <b>52</b> , to <b>July 20</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>July 20</b> , 19 <b>52</b> , and that death occurred at <b>4:15 P.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>William J. Williams</b>	23B. ADDRESS <b>5711 Eastern</b>	23C. DATE SIGNED <b>7/22/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>JULY 24 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>HOLY REDEEMER CH</b>	24D. LOCATION (City, town, or county) (State) <b>BELAIR ROAD MD.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 22 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>1800 E LOMBARD ST.</b>	

195 6903C

MEDICAL CERTIFICATION

27 M. Eastern Ave. Dr. Jaworski



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6802**

BIRTH NO. **52 6802**

1. NAME OF DECEASED (Type or Print) <b>FRANCES CAROLINE MUSSELMAN</b>		2. DATE OF DEATH <b>July 21, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>510 E. North Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>510 E. North Ave.</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Aug. 4, 1869</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Plumbing</b>	
13. FATHER'S NAME <b>Hiram D. Musselman</b>		12. CITIZEN OF WHAT COUNTRY? <b>Maryland</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>Maryland</b>	
14. MOTHER'S MAIDEN NAME <b>Caroline V. Wentz</b>		17. INFORMANT <b>Mrs. Glory P. Lambert - 510 E. North Ave.</b>	
13. FATHER'S NAME <b>Hiram D. Musselman</b>		ADDRESS <b>510 E. North Ave.</b>	

18. <b>260X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Arteriosclerosis</b> DUE TO <b>Diabetes Mellitus</b> DUE TO <b>3 yrs.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Jan 1, 1952</b> to <b>July 21, 1952</b> , that I last saw the deceased alive on <b>July 21, 1952</b> , and that death occurred at <b>11:45 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Celbert H. Hines</b>		23B. ADDRESS <b>1801 EUTAW PL</b>		23C. DATE SIGNED <b>7/21/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7/23/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>		24E. FUNERAL DIRECTOR <b>Wm. J. Tichner &amp; Sons</b>		24F. ADDRESS <b>Balto 17, Md.</b>	

General History of the  
Republic of Haiti

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52 6803  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6803  
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
DORA DISNEY		July 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals		A. STATE Maryland	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-01		D. STREET ADDRESS (If rural, give location) 2840 Elliott Street	
5. SEX female		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 3-15-1917	
9. AGE (In years, Months, Days) 38 4 7		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Walter Thomas		14. MOTHER'S MAIDEN NAME Charlotte Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. no	

18. 422.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Arteriosclerotic cardiovascular disease  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED  
July 22, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

2632

2632

RECEIVED AT DEPT. OF COMMERCE

NOV 10 1913



BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 584X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Post-operative (Surgical) Shock

3 DAYS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 7-10 1952 to 7-21, 1952, that I last saw the  
deceased alive on 7-21, 1952 and that death occurred at 11:45 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1980 12

WEDNESDAY, JANUARY 23, 1980  
10:00 AM - 1:00 PM

1980 12

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]



55  
52 6805BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6805

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>DOMINIC FERNANDEZ</b>		2. DATE OF DEATH <b>July 21, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>India</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Marine Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Bombay</b>	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>Wavell House</b> <b>12-06</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1921</b>
9. AGE (In years last birthday) <b>31</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ships Carpenter</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ships Carpenter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>S.S. Jalakala</b>	
11. BIRTHPLACE (State or foreign country) <b>Goa, East Indies</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS <b>British Consulate, Gillett Building</b>	

18. <b>E 812.4</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Fat Embolism</b> DUE TO <b>Multiple Fractures</b> <b>(B) Internal Hemorrhage</b> <b>(C)</b>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>street</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>McComas St. about 700 ft. west of Gould St.</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>July 18, 1952 2:00 A. m.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Pedestrian struck by auto</b> <b>24/4</b>
22. I certify that I took charge of the remains described above, held an <b>autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>Wm. Cook, Inc.</i>	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED <b>July 22, 1952</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>7/23/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore County, Maryland</b>
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DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Wm. Cook, Inc.</i>	25. FUNERAL DIRECTOR <b>Wm. Cook, Inc.</b>	ADDRESS <b>1217 St. Paul Street</b>
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1952

N 829.2  
Wm. Cook, Inc.

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STAFF AND ASSISTANTS

500  
52 6806BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6806  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Joseph Leono

2. DATE  
OF  
DEATH

July 20 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

St Joseph Hospital

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

St Joseph's Hospital

14. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1927 Belair Road

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

Nov 19 1890

9. AGE (In years  
last birthday)

62

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Don't know

14. MOTHER'S MAIDEN NAME

Don't know

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Frank Leono 6416 Rosemont Ave

18. 420.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) CORONARY THROMBOSIS

2 HRS.

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) ARTERIO SCLEROTIC  
HEART DISEASE

2 yrs +

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15 1951, to July 20, 1952, that I last saw the  
deceased alive on July 18, 1952, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 22 1952

Hurlington Williams, M.D.

Ullrich Funeral Home 2004 Orleans St

7068 ST

1941

STATE OF TEXAS

1941

1941



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6807**

BIRTH NO. **52 6807**

1. NAME OF DECEASED (Type or Print) <b>WILLIAM KRIDER</b>			2. DATE OF DEATH <b>7/31/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY <b>8-01</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNION MEMORIAL HOSP.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>		
6. Length of stay in Baltimore <b>#</b>			D. STREET ADDRESS (If rural, give location) <b>3431 LYNDALE AVE</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV 10, 1900</b>		9. AGE (In years last birthday) <b>51</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STEAM FITTER</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
13. FATHER'S NAME <b>HENRY KRIDER</b>			14. MOTHER'S MAIDEN NAME <b>ANNE KRIELE</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>220-14-1491</b>	17. INFORMANT <b>WIFE</b>		ADDRESS <b>JAME</b>

<p>18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center"><b>ANTECEDENT CAUSES</b></p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center"><b>II</b></p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center"><b>CAUSE OF DEATH</b></p> <p>(A) <b>ACUTE PULMONARY EDEMA</b> DUE TO</p> <p>(B) <b>ARTERIOSCLEROTIC HEART DISEASE</b> DUE TO</p> <p>(C)</p> <p align="center"><b>INTERVAL BETWEEN ONSET AND DEATH</b></p>
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19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **7:30 am 7/21/52**, to **5:05 am 7/24/52**, that I last saw the deceased alive on **7/21/52**, 19**52**, and that death occurred at **3:05 am**, from the causes and on the date stated above.

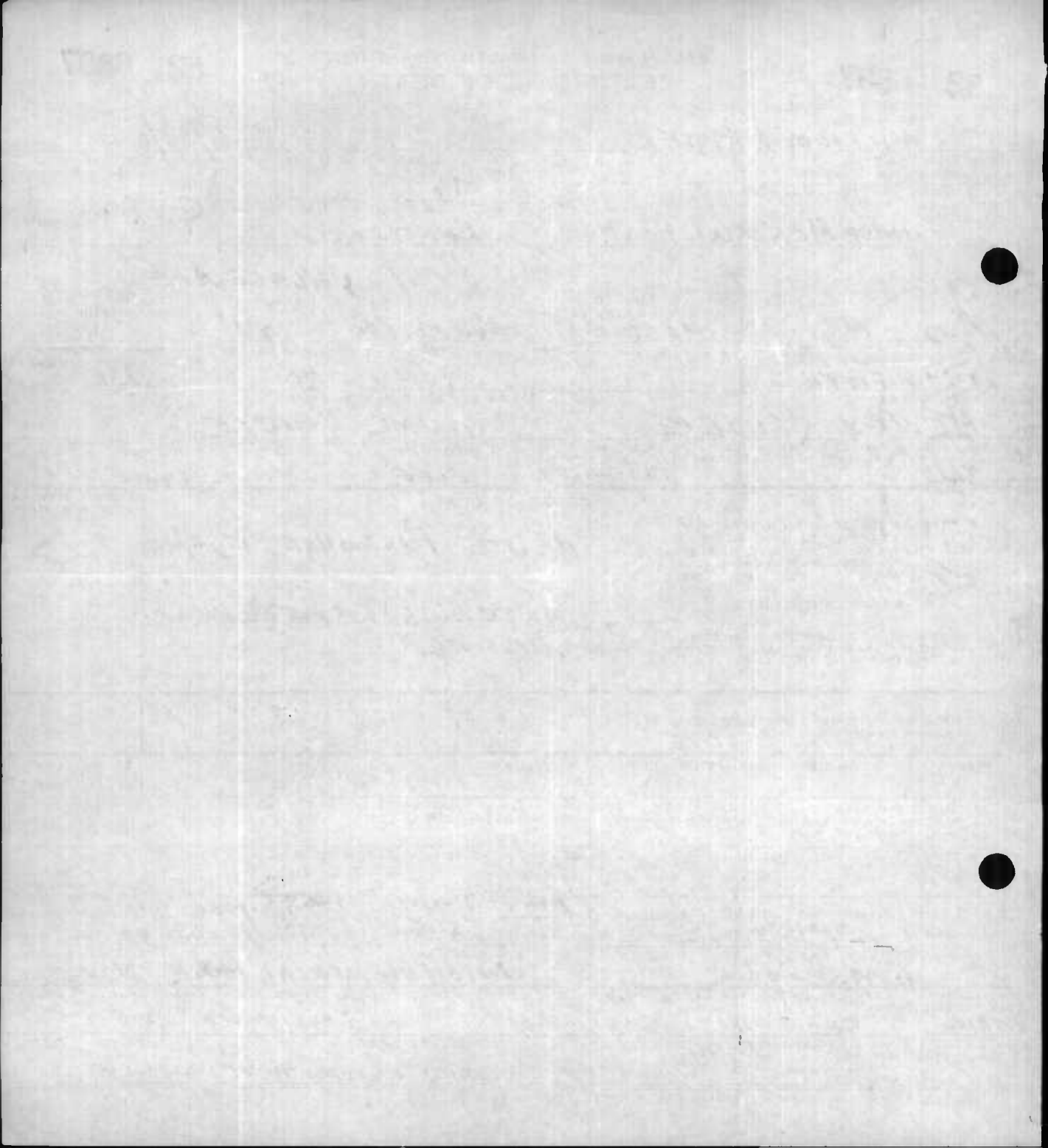
23A. SIGNATURE **Dr. J. J. O'Leary** M. D. **UNION MEMORIAL HOSP.** 23C. DATE SIGNED **7/31/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>JULY 24-1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>BALTIMORE</b>	24D. LOCATION (City, town, or county) (State) <b>BALTIMORE MD</b>
---	-------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 22 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>ULLRICH FUNERAL HOME</b>	ADDRESS <b>2007 ORLEANS ST</b>
---	--	--	--------------------------------

**57428**

MEDICAL CERTIFICATION





100  
52 6808BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6808

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Marie Schive

2. DATE  
OF  
DEATH

7. 21. 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

2327 N. Charles

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address and location)

Melcher Nursing Home

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Maryland

Balto. md.

D. STREET ADDRESS (If rural, give location)

2838 Guilford Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

? ? ?

9. AGE (in years  
last birthday)

Appr. 85

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

no?

(If yes, give war or dates of service)

? none?

16. SOCIAL

SECURITY NO.

? ?

17. INFORMANT

ADDRESS

Mrs Frank J. Russell 908 Overbrook Rd.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Hypostatic Pneumonia 2 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Cardio Vascular Disease ?

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1952 to July 21, 1952, that I last saw the deceased alive on July 21, 1952, and that death occurred at 320 P.M. on the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

Burial

July 23, 1952 Loudon Park

Balto. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

HL 221952

John A. Moran 3000 E. Balto. St.

VS 150

Huntington Williams, M.D. &amp; P.R. McLewis

MEDICAL CERTIFICATION

1950

3

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6809**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**ERNEST P. SHERMAN**

2. DATE  
OF  
DEATH

**7/21/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE B. COUNTY

**MD.**

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

**University Hosp**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**BALTO.**

**27-01**

D. STREET ADDRESS (If rural, give location)

**4001 Echodale Ave**

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**MALE**

6. COLOR OR RACE

**WHITE**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**MARRIED**

8. DATE OF BIRTH

**7/11/90**

9. AGE (In years last birthday)

**62**

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Clerk - COURT OF RECORDS**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**England**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**?**

14. MOTHER'S MAIDEN NAME

**?**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS **4001**

**Mrs. Marie Sheerman-Echodale**

18. **241X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **MYELOCAR ANOXIA**  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **CHRONIC PULMONARY EMPHYSEMA**  
DUE TO

(C) **CHRONIC ASTHMA**

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

**7/21/52**

19B. MAJOR FINDINGS OF OPERATION

**Chronic Emphysema**

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **7/14, 1952** to **7/21/52**, 19**52**, that I last saw the deceased alive on **7/21/52**, and that death occurred at **6:15 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

**W. H. Hildberger MD**

23B. ADDRESS

**University Hosp.**

23C. DATE SIGNED

**7/22/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**7-25-52**

24C. NAME OF CEMETERY OR CREMATORY

**BALTO NATIONAL**

24D. LOCATION (City, town, or county)

**BALTO**

(State)

**MD**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**JUL 22 1952**

**Huntington Williams, MD**

**L. J. Burke**

**5305 Harford Rd.**

MEDICAL CERTIFICATION

909A

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52 6810

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6810

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Lester L. Sharp</i>		2. DATE OF DEATH <i>July 21, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>524 Yale Ave</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. Md 25-31</i>	
Length of stay in Baltimore <i>25 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>524 Yale Ave</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Aug 5, 1885</i>
9. AGE (In years, last birthday) <i>66</i>		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Painter Retired 3 yrs</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>NAVY Yard D.C.</i>	
11. BIRTHPLACE (State or foreign country) <i>Campbell Co. Tennessee</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Wm. Sharp</i>		14. MOTHER'S MAIDEN NAME <i>Nancy Clark</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>yes</i>		16. SOCIAL SECURITY NO. <i>216-05-0900</i>	
17. INFORMANT <i>Mrs. Theresa Sharp</i>		ADDRESS <i>524 Yale Ave</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>minutes</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Coronary artery disease</i>		<i>Years</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Arteriosclerotic CVD - decompensation</i>		<i>6 mos</i>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>January, 1952</i> to <i>July 21, 1952</i> , that I last saw the deceased alive on <i>March, 1952</i> , and that death occurred at <i>3:00 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>James M. ...</i>		23B. ADDRESS <i>6014 Edmonson Ave</i>	
23C. DATE SIGNED <i>7/22/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7-24-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>U.S. National Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 22 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Henry E. Dill</i>		ADDRESS <i>3109 Fresh Ave.</i>	

MEDICAL CERTIFICATION





52 6811

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6811  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Frances Mack

2. DATE  
OF  
DEATH

July-19-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

539 West Hamburg Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

539 West Hamburg Street

6. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Feb.-2-1891

61

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Housewife

At Home

14. MOTHER'S MAIDEN NAME

Dorkers

Dows

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Alverta Sharmen 539 W. Hamburg St

18. 491x  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1952 to July 19, 1952, that I last saw the  
deceased alive on July 18, 1952, and that death occurred at 3:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

7/23/1952

Annapolis Neck

Arundle Co. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 22 1952

Huntington Williams, M.D.

Elroy Wilson 1000 Brantly Ave

1180 52

1180 52

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

Blank certificate form with horizontal lines for text entry.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6812**

BIRTH NO. **52 6812**

1. NAME OF DECEASED (Type or Print) <b>FRANK REBSTOCK</b>		2. DATE OF DEATH <b>July 22, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 24-02</b>	
Length of stay in Baltimore _____ Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>677 E. Clement Street</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	8. DATE OF BIRTH <b>8.24.84</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Insurance</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>F.A. Lazebny</b>	9. AGE (In years last birthday) <b>67</b>
13. FATHER'S NAME <b>Charles TEX. Machinery Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Baers</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		12. CITIZEN OF WHAT COUNTRY? <b>?</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>?</b>	
17. INFORMANT <b>Stanley</b>		ADDRESS <b>same</b>	

18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive cardiovascular disease</b> (A) _____ DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) _____ DUE TO _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) _____		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>Stanley H. Dineen</b>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/>	23C. DATE SIGNED <b>July 22, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>7.26.52</b>	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <b>Edgar Hill</b>	24D. LOCATION (City, town, or county) (State) <b>Ba 110.</b>

DATE RECEIVED BY REGISTAR	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>180 E. Fort Ave.</b>	ADDRESS
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**6903L**

122

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STATE OF NEW YORK

122

612  
52 6813BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6813

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY E. STREVES

2. DATE  
OF  
DEATH

7.22.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4625 PENNINGTON

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

MD.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give  
township)

BALTO.

25-05

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

4625 PENNINGTON AVE.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

11.7.80

9. AGE (In years  
last birthday)

71

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWORK

10B. KIND OF BUSINESS OR  
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

W. VA.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

AL. GEAR

14. MOTHER'S MAIDEN NAME

FRANCES ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Family - Same

ADDRESS

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

hemiplegia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

hypertensive cardio vas.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1952 to July 22, 1952, that I last saw the  
deceased alive on July 2, 1952, and that death occurred at 10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Philip H. Keight

M. D.

23B. ADDRESS

302 Patapsco Ave

23C. DATE SIGNED

7/22/52

24A. BURIAL CREMA-  
TION, REMOVAL (Specify)

24B. DATE

7.25.52

24C. NAME OF CEMETERY OR CREMATORY

Brick Ch. Cem.

24D. LOCATION (City, town, or county)

Hottelville, W. Va.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

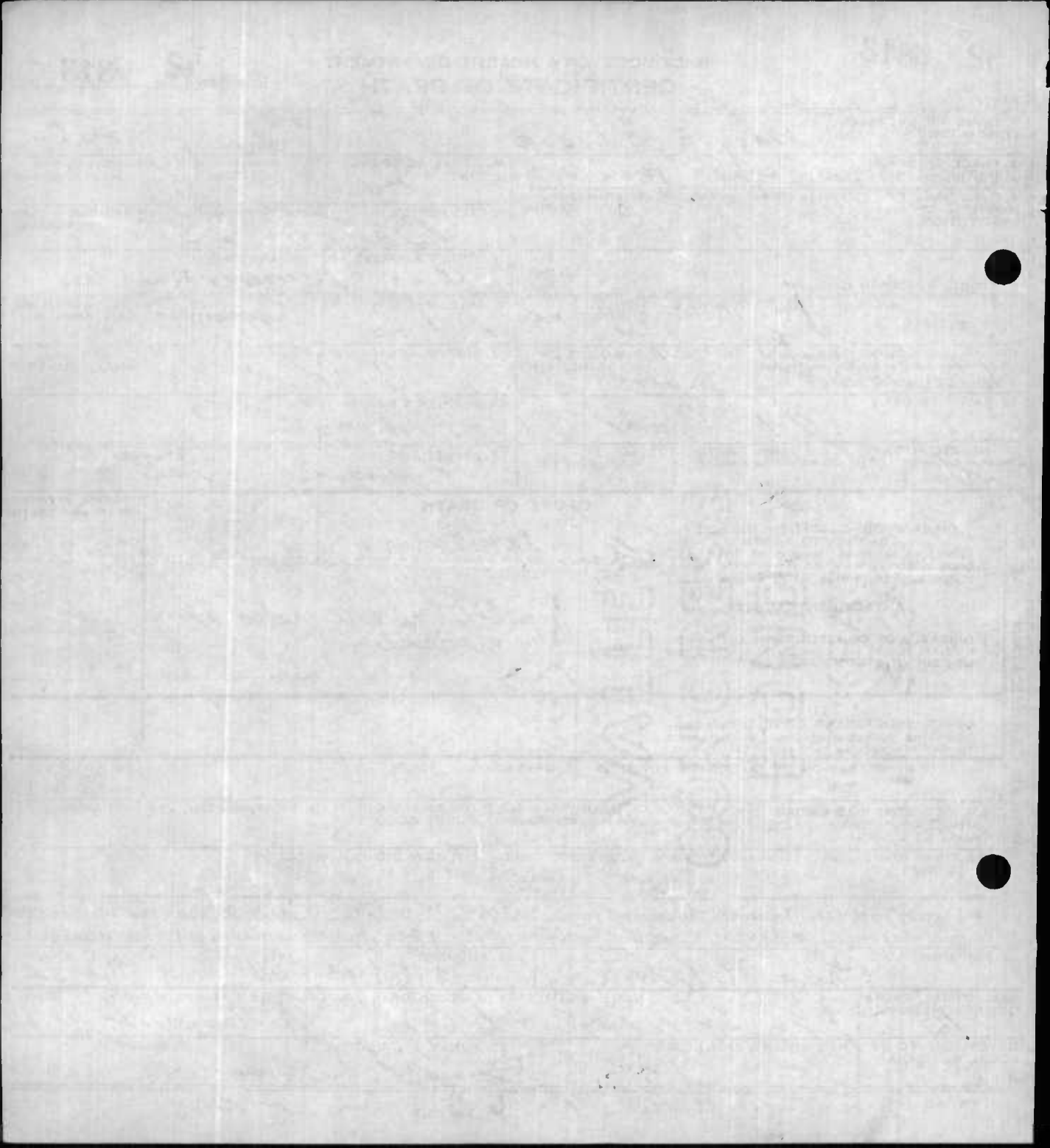
25. FUNERAL DIRECTOR

ADDRESS

UL 22 1952

VS 150

Huntington Whitehead, Md. 638 E. Front Ave.





326

52 6814

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

52 6814

1. NAME OF DECEASED (Type or Print)		JAMES LEO FITZGERALD		2. DATE OF DEATH 7/20/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3536 4TH STREET		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 25-04			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3536 4TH STREET			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 8/3/1885	9. AGE (In years last birthday) 66	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SUPT.		10B. KIND OF BUSINESS OR INDUSTRY MD. DRY DOCK CO.		11. BIRTHPLACE (State or foreign country) BALTIMORE	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME JOHN J.			
14. MOTHER'S MAIDEN NAME NORA K. ?		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			
16. SOCIAL SECURITY NO.		17. INFORMANT FAMILY - SAME			
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH infarction (A) Acute Myocardial DUE TO (B) Coronary Arteriosclerosis DUE TO (C) Arteriosclerotic Cardiovascular disease.		INTERVAL BETWEEN ONSET AND DEATH	

MEDICAL CERTIFICATION

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1, 1952 to 7-20, 1952, that I last saw the deceased alive on 7-20, 1952, and that death occurred at 11:55 P. M., from the causes and on the date stated above.					
23A. SIGNATURE George W. Bohm		M. D. 203 Paloxco Ave		23C. DATE SIGNED 7-31-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 7/23/52		24C. NAME OF CEMETERY OR CREMATORY CATHEDRAL	
24D. LOCATION (City, town, or county) (State) BALTIMORE		25. FUNERAL DIRECTOR JAMES L. MCCULLY - 130 EAST FORT AVENUE			
DATE RECEIVED BY LOCAL REGISTRAR JUL 27 1952		REGISTRAR'S SIGNATURE Huntington Williams			

29055

1914

57

BUREAU OF HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1914



BIRTH NO.

1. NAME OF DECEASED (Type or Print)

2. DATE OF DEATH

3. PLACE OF BIRTH:

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

5. FULL NAME OF HOSPITAL OR INSTITUTION

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

7. SEX

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ...

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...

DUE TO

(C) ...

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/22, 1953, to 7/32, 1953, that I last saw the deceased alive on 7/22, 1953, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR ADDRESS

Oct. 7772.

Russell - TO 7672

635

## CERTIFICATE CORRECTED 7-25-52

52 6816

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6816

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY Elizabeth

ARDINGER

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE Pinecrest Sanatorium

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Washington

C. CITY OR TOWN

Williamsport

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Vermont Street

c. Length of stay in Baltimore

2 yrs.

5. SEX

F.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W.

Yrs.  
Mos.  
Days

8. DATE OF BIRTH

Dec. 28, 1871

9. AGE (In years,  
last birthday)

80

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Near Clearspring

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Gruber

14. MOTHER'S MAIDEN NAME

Mary Catherine Brubaker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

Mr. Frank Ardinger, #2 W. Salisbury St.

ADDRESS

Williamsport, Md.

18. 420.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Chronic Myocarditis +  
DUE TO MYOCARDIAL Degeneration

2 yrs +

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Arteriosclerotic Heart ?  
DUE TO Disease

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.(C) Generalized Arteriosclerosis ?  
Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 9, 1950 to July 22, 1952, that I last saw the deceased alive on July 21, 1952, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Melvin W. Bruden

M. D.

23B. ADDRESS

5000 Old Frederick Road

23C. DATE SIGNED

7/22/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

7-26-52

24C. NAME OF CEMETERY OR CREMATORY

RIVER VIEW

24D. LOCATION (City, town, or county)

WILLIAMSPORT WASH. MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Lester F. Farnell

ADDRESS

WILLIAMSPORT MD

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52 6817

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 6817

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Russell Earl Warren

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

US PHS Hospital, Balto. 11, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Virginia

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Portsmouth

D. STREET ADDRESS (If rural, give location)

420 DeKalb Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 24, 1915

9. AGE (in years  
last birthday)

37

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Electrician

10B. KIND OF BUSINESS OR  
INDUSTRY

Electrical

11. BIRTHPLACE (State or foreign country)

Mass.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Matthew James Warren

14. MOTHER'S MAIDEN NAME

Annie Rider

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Records, US PHS Hospital, Balto., Md.

18. 191X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Pneumothorax, right, pneumonia,  
empyema

DUE TO

2 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Carcinoma, left neck and oral  
mucosa

DUE TO

2 years

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from April 14, 1952, to July 22, 1952, that I last saw the  
deceased alive on July 22, 1952, and that death occurred at 7:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. A. Hunter, Jr., M.D., Surgeon

23B. ADDRESS

USPHS Hospital, Balto., Md.

23C. DATE SIGNED

7-22-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

7-24-52

24C. NAME OF CEMETERY OR CREMATORY

Olmsted Branch

24D. LOCATION (City, town, or county)

Portsmouth Va

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 22 1952

Huntington, W. Va. 2503  
Edmondson, W. Va.



520  
52 6818SCHENSIKY  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6818  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Eldridge E. Schenisky

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6-22-'08

9. AGE (In years  
last birthday)

44

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Schenisky

14. MOTHER'S MAIDEN NAME

Martha R. Peters

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.17. INFORMANT  
ADDRESS

JOHNS HOPKINS HOSPITAL

18. 163X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of the  
lung.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CAUSE LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-29-1952 to 7-22-1952, that I last saw the  
deceased alive on 7-22-1952 and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

A. Robert D. K. Plaf

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7-22-1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Schenisky &amp; Sons, Baltimore, Md.

JUL 22 1952



60

52 6819

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6819  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>SPRY, CATHERINE</b>		2. DATE OF DEATH <b>7/22/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>KENT</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>UNIVERSITY HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>MILLINGTON</b>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>6400</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>June 7/1893</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		9. AGE (In years last birthday) <b>59</b>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>RICHARD BAIN</b>	
14. MOTHER'S MAIDEN NAME <b>LYDIA IVORY</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Merritt Spry Millington Md.</b>	
18. <b>171X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>HYPERTENSIVE</b> DUE TO <b>URKEMIA</b> DUE TO <b>CARCINOMA OF CERVIX, STAGE 4</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>24 HRS.</b> <b>?</b> <b>?</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 25, 1952</b> , to <b>July 25, 1952</b> , that I last saw the deceased alive on <b>July 25, 1952</b> and that death occurred at <b>6:30 a.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>George W. Smith, Jr., M.D.</b>		23B. ADDRESS <b>University Hospital</b>	
23C. DATE SIGNED <b>7/22/52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 26, 1952</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Townsend Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Townsend Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 23 1952</b>		REGISTRAR'S SIGNATURE <b>Edward V. Williams, M.D.</b>	
FUNERAL DIRECTOR <b>6816</b>		ADDRESS <b>6816</b>	

MEDICAL CERTIFICATION

THE UNIVERSITY OF CHICAGO

LIBRARY

1000

1000

1000

1000

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52 6820

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6820  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ISABEL

SLONAKER

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

39 S. Schroeder Street

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

B. DATE OF BIRTH

Aug 30, 1876

9. AGE (In years  
last birthday)

75

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR  
INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Carlton Ohio

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

Mr. E. Slonaker 39 S. Schroeder St. Baltimore

ADDRESS

1B. 422.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

## -ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. J. Fisher

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

July 22, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

July 24, 1952

24C. NAME OF CEMETERY OR CREMATORY

Reformed Cemetery

24D. LOCATION (City, town, or county)

Taneytown Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

C. Q. Fisher &amp; Son Taneytown, Md.

JUL 23 1952

V S 151

MEDICAL CERTIFICATION

1905

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OFFICE OF THE  
ATTORNEY GENERAL  
STATE OF TEXAS

0584

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ATTORNEY GENERAL  
STATE OF TEXAS

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OFFICE OF THE  
ATTORNEY GENERAL  
STATE OF TEXAS

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623

52 6821

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6821

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Blanche Elizabeth Crockett</b>		2. DATE OF DEATH <b>July 21, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1919 SWANSEA AVE.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 27-38</b>	
D. STREET ADDRESS (If rural, give location) <b>1919 SWANSEA ROAD</b>			
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>white</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>Sept. 15, 1900</b>	
9. AGE (In years last birthday) <b>51</b>		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	
11. BIRTHPLACE (State or foreign country) <b>VIRGINIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Louis Charnock</b>		14. MOTHER'S MAIDEN NAME <b>Un Known</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT <b>Edgar Crockett, Sr.</b>		ADDRESS <b>1919 SWANSEA Rd.</b>	
18. <b>157 X</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of pancreas</b> DUE TO (A) _____ (B) <b>none</b> (C) <b>none</b> INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ (B) <b>none</b> (C) <b>none</b>			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>none</b>			
19A. DATE OF OPERATION <b>May 4, 1952</b>		19B. MAJOR FINDINGS OF OPERATION <b>Cancer of pancreas</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Feb 1</b> , 19 <b>52</b> , to <b>July 21</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7/21/52</b> , and that death occurred at <b>5:40 AM.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Benjamin Wilks MD</b>		23B. ADDRESS <b>2030 Wilkins Ave</b>	
23C. DATE SIGNED <b>7/21/52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>7-24-52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore National</b>		24D. LOCATION (City, town, or county) (State) <b>BALTIMORE, Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 23 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, MD</b>	
25. FUNERAL DIRECTOR <b>Geo. L. Schwalb</b>		ADDRESS <b>101 Frederick Ave</b>	

MEDICAL CERTIFICATION

1941 52

1941 52

1



532  
52 6822BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6822  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>John Edward Landis</b>			2. DATE OF DEATH <b>July 21, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>2141 W. BALTIMORE ST.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 20-04</b>		
5. Length of stay in Baltimore <b>29 YRS.</b>			D. STREET ADDRESS (If rural, give location) <b>2141 W. BALTIMORE ST.</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUNE 21, 1889</b>	9. AGE (In years last birthday) <b>63</b>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LUMBER DEALER</b>			11. BIRTHPLACE (State or foreign country) <b>Virginia</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>LUMBER</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>HARRY LANDIS</b>			14. MOTHER'S MAIDEN NAME <b>MARTHA McCALL</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>218-03-5572</b>		
17. INFORMANT <b>Mrs. ALVERTA LANDIS</b>			ADDRESS <b>2141 W. BALTO. ST.</b>		

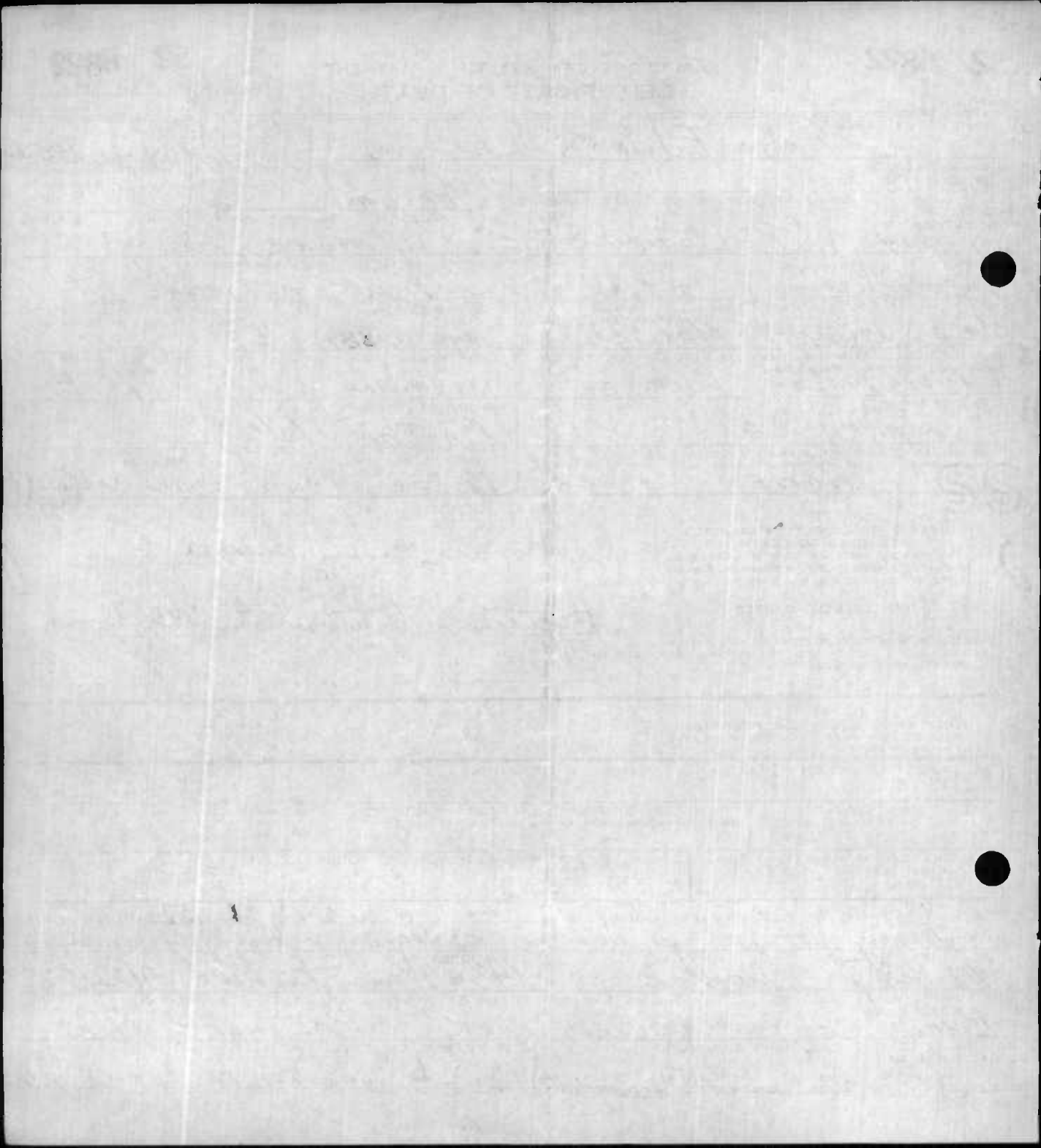
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary artery disease</b> DUE TO <b>Hypertensive Arteriosclerotic CVD, 2 yrs.</b> DUE TO <b>INTERVAL BETWEEN ONSET AND DEATH</b>	CAUSE OF DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to **July 21, 1952** that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **3:40 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Harold A. Swickas</b>	23B. ADDRESS <b>2436 Washington Blvd.</b>	23C. DATE SIGNED <b>7/22/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>7-25-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>LONDON PARK</b>
24D. LOCATION (City, town, or county) (State) <b>BALTIMORE, MD.</b>		

DATE RECEIVED BY LOCAL REGISTRAR <b>III 23 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Geo. L. Schwab</b>	ADDRESS <b>2101 FREDERICK AVE</b>
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615  
52 6823BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6823  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GRAVINER, ALBERT

2. DATE  
OF  
DEATH

7/22/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MD.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO.

27-16

D. STREET ADDRESS (If rural, give location)

4613 PARK HEIGHTS AVE

Length of stay in Baltimore

3 yrs

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS 7000

Leo Gravinier Field Crest Road

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Acute pulmonary edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Hypertensive arteriosclerotic  
cardiovascular disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Bronchopneumonia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1/52, 1952 to 7/22, 1954 that I last saw the  
deceased alive on 7/22, 1954, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard A. Sander

M. D.

23B. ADDRESS

SINAI HOSPITAL

23C. DATE SIGNED

7/22/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

July 23/52

24C. NAME OF CEMETERY OR CREMATORY

Workmen Circle

24D. LOCATION (City, town, or county)

German Hill Rd

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS 1126

Sol. Levinson &amp; Bus. W. Mathews

2520

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2520 52

346

52 6824

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6824  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Sarah Stoler

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)  
2871 W Garrison Ave

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BaltimoreD. STREET ADDRESS (If rural, give location)  
2871 W Garrison Ave

E. Length of stay in Baltimore

50 Yrs

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Widow

8. DATE OF BIRTH

1867

9. AGE (In years  
last birthday)

85

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
House Wife10B. KIND OF BUSINESS OR  
INDUSTRY11. BIRTHPLACE (State or foreign country)  
Lithuania12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Aaron Abramowitz

14. MOTHER'S MAIDEN NAME

Leah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.17. INFORMANT  
ADDRESS  
Isidore Stoler 2871 W Garrison Ave

18. 442 X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Uremia

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Cardio Renal disease  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 19, 1952 to July 22, 1952, that I last saw the  
deceased alive on July 22, 1952 and that death occurred at 7:25 P.M., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

July 23, 1952

24C. NAME OF CEMETERY OR CREMATORY

Bnai Israel Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY  
LOCAL REGISTRAR  
JUL 23 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol Lewinson - Bus North ave 1126W

STATE OF NEW YORK  
IN SENATE  
JANUARY 10, 1900.

REPORT OF THE

COMMISSIONERS OF THE LAND OFFICE  
IN RESPONSE TO A RESOLUTION  
PASSED BY THE SENATE  
JANUARY 10, 1899.

ALBANY:  
J.B. LEECH & CO. PRINTERS.  
1899.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

52 6825

52 6825

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

DOMINICK G. KOUNESKI

2. DATE  
OF  
DEATH

7/20/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1346 Glyndon ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1346 Glyndon Ave

Length of stay in Baltimore

42

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 2, 1884

9. AGE (In years;  
last birthday)

68

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

tailor

10B. KIND OF BUSINESS OR  
INDUSTRY

pants makers

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Franciscus Kouneski

14. MOTHER'S MAIDEN NAME

Victoria Sonolis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

213-09-5909

17. INFORMANT

ADDRESS

Veronica Kouneski 1346 Glyndon Ave

18.

151X  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

(A)

Carcinoma Stomach

1 year

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 3-22, 1952, to 7-20, 1952, that I last saw the  
deceased alive on 7-20, 1952, and that death occurred at 1:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John P. Urbeck, Jr.

M. D.

23B. ADDRESS

1227 Wash. Blvd

23C. DATE SIGNED

7-22-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/23/52

24C. NAME OF CEMETERY OR CREMATORY

Most Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Rd. Balto. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

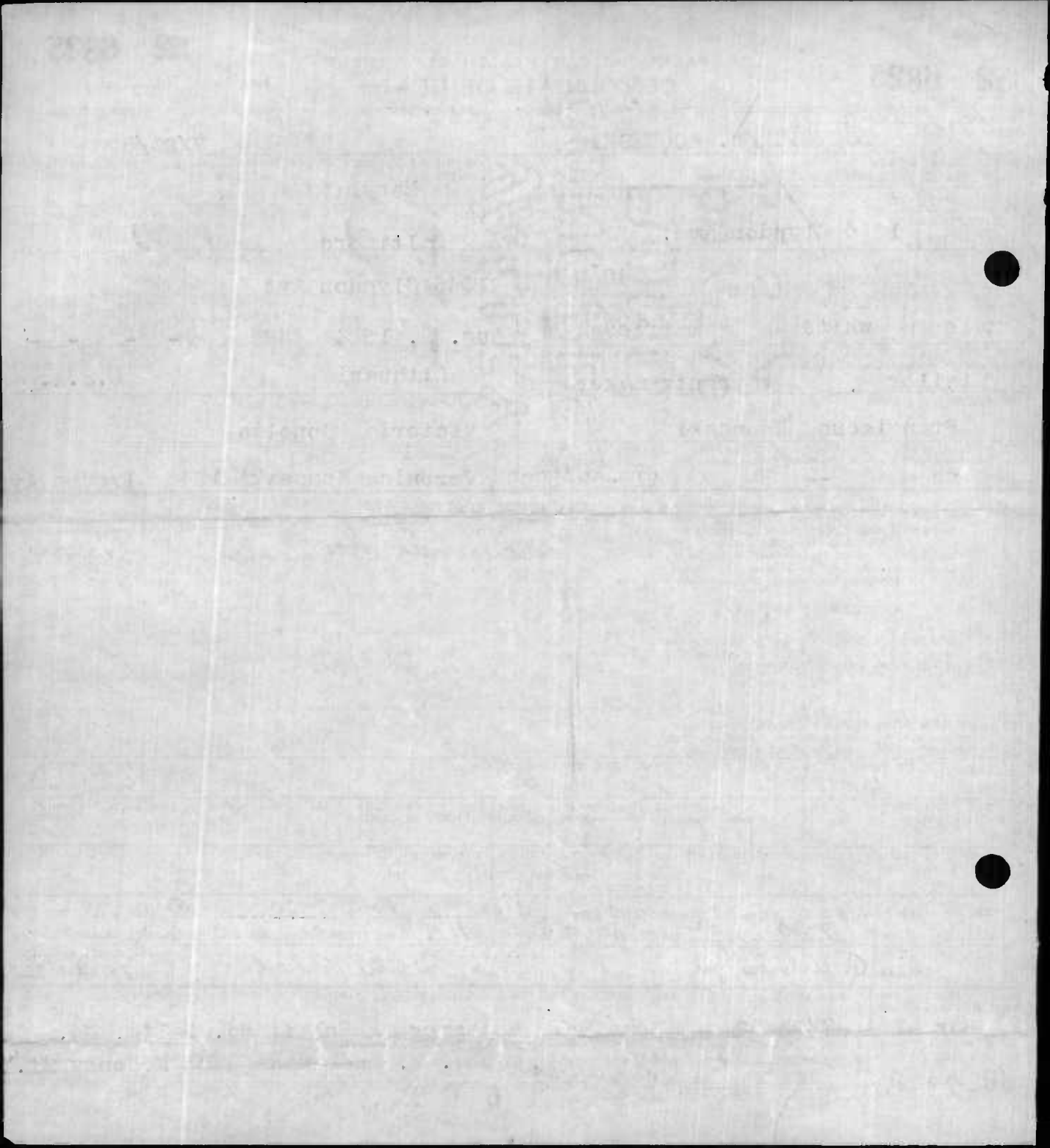
Chas. W. Kachauskas 703 McHenry St.

JUL 23 1952

VS 150

5904622

MEDICAL CERTIFICATION





CERTIFICATE CORRECTED 6-15-52

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6826

52 6826

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>THOMAS L.W. WILSON</b>		2. DATE OF DEATH <b>July 21, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Union Memorial Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>215 W. Mosher Street</b>		E. LENGTH OF STAY IN BALTIMORE <b>10 years</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3-5-28</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Taxicab Driver</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>White Top Cab</b>	
13. FATHER'S NAME <b>Herbert Lewis Wilson</b>		14. MOTHER'S MAIDEN NAME <b>Florence Grodskie</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>882-80-1191</b>	
17. INFORMANT <b>Herbert L. Wilson</b>		ADDRESS <b>1527 N. Durham Street</b>	

18. <b>E823.4</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Crushing Injury of Abdomen</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B)</b> DUE TO <b>(C)</b>		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>street</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>University Parkway and Greenway</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>7/20/52 5:30 A.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Crushed when auto struck tree</b>
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>R. Fisher</i>		23B. CHIEF MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED <b>7/21/52</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7-23-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore</b>	24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>7/23/1952</b>		REGISTRAR'S SIGNATURE <i>Huntington</i>	
25. FUNERAL DIRECTOR <b>Ellsworth Armagost</b>		ADDRESS <b>4600 Liberty Heights Ave.</b>	

V S 151

N 868.2

68254

MEDICAL CERTIFICATION

Correct age is especially important. If uncertain, please write the causes of death clearly and legibly.

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262  
52 6827BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6827  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SARAH R. GOCHRACH

2. DATE  
OF  
DEATH

7-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

4221 Pullico Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore 15713

D. STREET ADDRESS (If rural, give location)

4221 Pullico Road

Length of stay in Baltimore

50

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

04

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Abraham

14. MOTHER'S MAIDEN NAME

Cecilia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Leon Levy 5805 Marcus Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

myocardial fibrosis  
chr coronary arteriosclerosis

5 yrs

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947 to 7/22, 1952, that I last saw the  
deceased alive on 7/14, 1952, and that death occurred at 9:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 23 1952

VS-150

Huntington Williams, M.D. Jack Lewinsky 2100 Canton Rd

9520076824

Krush  
3001 Garrison Road  
Mo 5062

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P-612

52 6828

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6828

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MINNIE PRIBESH

2. DATE  
OF  
DEATH

7-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

3513 Spaulding Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-18

D. STREET ADDRESS (If rural, give location)

3513 Spaulding Ave

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Latvia

9. AGE (In years)

59

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Latvia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Abraham

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Harry Goldman - Home

ADDRESS

18. 350x and 260x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Parkinson's Disease

DUE TO

6 yr

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

1 yr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1950, to 7/21, 1952, that I last saw the deceased alive on 7/21, 1952, and that death occurred at 4 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Edward S. Hallins

M. D.

23B. ADDRESS

4305 Liberty St. Lev

23C. DATE SIGNED

7/22/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7-23-52

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

JUL 23 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis, 2100 Canton Pl

ADDRESS

Kallum  
4300 Liberty Hengles

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52 6829

VS AUERH FEIND  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6829  
Registered No.

BIRTH NO.

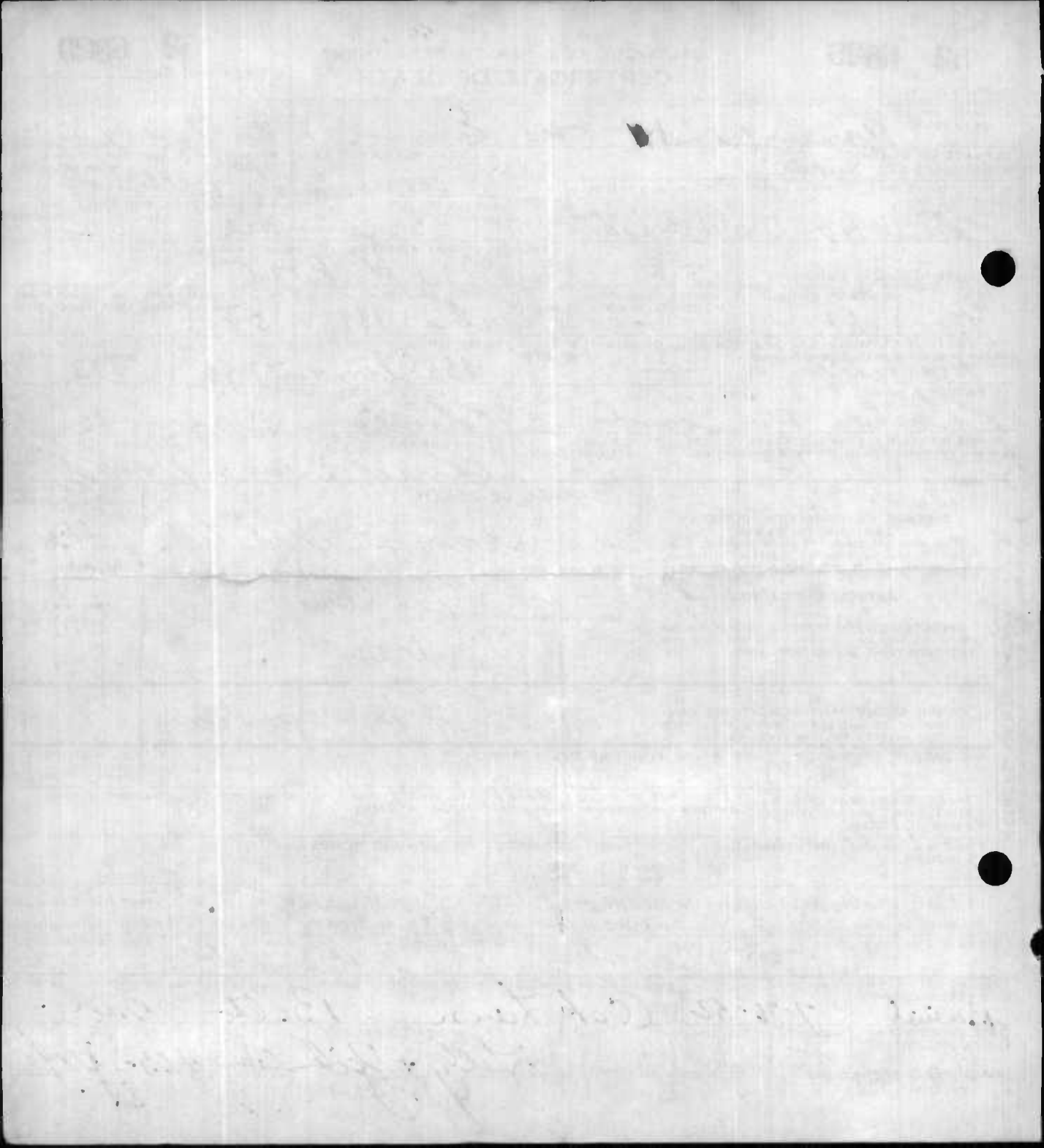
1. NAME OF DECEASED (Type or Print) <i>Bauerfeind Mrs. Emma</i>		2. DATE OF DEATH <i>7/22/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Ches Home + Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore - 6-02</i>	
6. LENGTH OF STAY IN BALTIMORE <i>58</i>		D. STREET ADDRESS (If rural, give location) <i>217 N. Port.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>m.</i>	8. DATE OF BIRTH <i>Oct. 23, 1893</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>	9. AGE (In years last birthday) <i>58</i>
13. FATHER'S NAME <i>Charles McCurdy</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>—</i>		16. SOCIAL SECURITY NO. <i>—</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
14. MOTHER'S MAIDEN NAME <i>Christina Bergman</i>		17. INFORMANT ADDRESS <i>Ches Home + Hospital</i>	

18. <i>260x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Diabetes Mellitus</i>		CAUSE OF DEATH (A) <i>Diabetes Mellitus</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>11 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Diabetes Anna</i>		(B) <i>Diabetes Anna</i> DUE TO	<i>2 Days</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Nurocard meoffen</i>		(C) <i>Acidosis</i>	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 24</i> , to <i>July 22</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>July 22</i> , 19 <i>52</i> , and that death occurred at <i>6:40</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John G. Geyer</i>		23B. ADDRESS <i>156 N. Wilton Ave.</i>		23C. DATE SIGNED <i>7/22/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7-26-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>	
24D. LOCATION (City, town, or county) <i>Balto - Md.</i>		24E. LOCATION (State) <i>Md.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, 173 E. 1st St. - 403 S. 2nd St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 23 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>403 S. 2nd St.</i>	

MEDICAL CERTIFICATION

Correct age especially important. In all cases, please write the exact date and time of death.



52 6830

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6830

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MAXIE GOODEN

2. DATE  
OF  
DEATH

7-19-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland ~~University~~ HOB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-02

D. STREET ADDRESS (If rural, give location)

1635 N. Monroe St

Length of stay in Baltimore

40 yrs.

5. SEX

M

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 19, 1899

9. AGE (In years  
last birthday)

52

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

operator

10B. KIND OF BUSINESS OR  
INDUSTRY

Bot

11. BIRTHPLACE (State or foreign country)

Florida

12. CITIZEN OF  
WHICH COUNTRY?

U. S. A.

13. FATHER'S NAME

George Gooden (Pater 12)

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Aurtha Gooden 1635 N. Monroe St

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Myocardial infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Coronary thrombosis

DUE TO

(C) Atherosclerotic heart disease

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK22. I hereby certify that I attended the deceased from 7-10, 1952, to 7-19, 1952, that I last saw the  
deceased alive on 7-19, 1952, and that death occurred at 12:45 Am., from the causes and on the date stated above.

23A. SIGNATURE

Donald A. Woffel

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

7-19-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/23/52

24C. NAME OF CEMETERY OR CREMATORY

mt clemens Am.

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 23 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Eloy Wilson

ADDRESS

1001 Bunting Rd

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RECEIVED  
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52 6831

MILBURN  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6831

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Lizzie Millman

2. DATE  
OF  
DEATH

July 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2031 E. Eager St.

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug - 8 - 1872

9. AGE (in years  
last birthday)

74

10. Under 1 Year  
Months: Days

11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Haute de France, Ind.

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

James Christy

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or date of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 434.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-21, 1952, to 7-21, 1952, that I last saw the deceased alive on 7-21, 1952, and that death occurred at 8 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Pierce, Egan

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7/22/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7-25-1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Rk.

24D. LOCATION (City, town, or county)

Arbutus, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Randolph J. Collick, 1412 E. Preston St.

1880

52

STATE OF NEW YORK

1880

52

91

STATE OF NEW YORK

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52 6832

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6832

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JAMES GOUDOT

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Johns Hopkins Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

641 N. Newkirk Street

8. DATE OF BIRTH

Oct. 13, 1943

9. AGE (In years  
last birthday)

8

10. Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
USA

13. FATHER'S NAME

Roger Goudot

14. MOTHER'S MAIDEN NAME

Jean Tingle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Holloway &amp; Co.-Salisbury, Md.

18. E 929.4

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Asphyxia

DUE TO drowning

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

pool

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

Patterson Park Swimming pool

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

July 22, 1952 12:45 P. m.

21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Drowned while swimming in pool

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☒

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....☐

July 23, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

7-24-52

Parsons Cemetery

Salisbury, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 23 1952

Huntington Williams, M.D.

Holloway &amp; Co.-Salisbury, Md.

VS 151

N990X

SS 100

SS 100

STATE OF NEW YORK

IN SENATE

JANUARY 10, 1900

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1899

ALBANY:

JOHN B. LANE, PRINTERS

1900

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52 6833

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6833

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ROSA GETTRUST

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

2908 Allendale Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2908 Allendale Rd.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 16, 1877

9. AGE (In years  
last birthday)

74

10. Under 1 Year  
Months: Days  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Henry Bernheimer

14. MOTHER'S MAIDEN NAME

Rebecca Laib

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give year or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Alice Rodgers - 2908 Allendale Rd.

18. 260x 1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) *Cerebral hemorrhage*  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) *arteriosclerosis*  
DUE TO  
(C) *Diabetes Mellitus**midbrain**10 yrs.**20 yrs.*II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Aug. 10*, 1946, to *July 22*, 1952, that I last saw the  
deceased alive on *July 21*, 1952, and that death occurred at *4:45* p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/24/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UL 23 1952

*Huntington Williams, M.D.*

VS 150

*14520 6833  
Balto 17, Md.*

MEDICAL CERTIFICATION

100

\_\_\_\_\_

325

52 6834

52 6834

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

George Adkins

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution, residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

D. STREET ADDRESS (If rural, give location)

E. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 29, 1913

9. AGE (In years  
last birthday)

38

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Engineer-Diesel

10B. KIND OF BUSINESS OR  
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Charles E. Adkins

14. MOTHER'S MAIDEN NAME

Louise Stall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 570.5 and 002X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Intestinal obstruction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) post operative adhesions

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary tuberculosis

19A. DATE OF OPERATION

7-17-52

19B. MAJOR FINDINGS OF OPERATION

Mechanical intestinal obstruction 2 to adhesions

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-20, 1952 to 7-22, 1952 that I last saw the  
deceased alive on 7-21, 1952, and that death occurred at 7:33 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Julian H. Matthews

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7/22/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/26/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 23 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Adkins &amp; Sons

ADDRESS

1046 50 Bath 17, Md.

11-11-11

10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000-1001-1002-1003-1004-1005-1006-1007-1008-1009-1010-1011-1012-1013-1014-1015-1016-1017-1018-1019-1020-1021-1022-1023-1024-1025-1026-1027-1028-1029-1030-1031-1032-1033-1034-1035-1036-1037-1038-1039-1040-1041-1042-1043-1044



550

52 6835

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6835

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

REV. JOHN WASHINGTON LEMON

2. DATE  
OF  
DEATH

July 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Virginia

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Gloucester County

D. STREET ADDRESS (If rural, give location)

Ark P.O.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1/17/68

9. AGE (in years  
last birthday)

84

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Minister

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

James Lemon

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mabel Driver 339 Bloom St.

18. 260X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Uremia

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Interapillary glomerulosclerosis

DUE TO

(C) Diabetes mellitus

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ ND ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1952 to July 23, 1952, that I last saw the  
deceased alive on July 23, 1952, and that death occurred at 12:15<sup>am</sup> m., from the causes and on the date stated above.

23A. SIGNATURE

R. Flawie M. D.

23B. ADDRESS

1400 N. Caroline Street - 13

23C. DATE SIGNED

July 23, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

7/22/52

Gloucester Co. Va.

Gloucester Co. Va.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 23 1952

Huntington Williams, M.D.

Geo. G. Nelson 1303 Presstman St.

Geo. G. Nelson



322  
52 6836

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6836

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>PEARL STOKES</b>		2. DATE OF DEATH <b>7/21/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write R.U.P. and give township) <b>Baltimore 25-32</b>			
C. Length of stay in Baltimore <b>6</b>		D. STREET ADDRESS (If rural, give location) <b>2740 Booker Drive</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, <del>WIDOWED</del> , DIVORCED (Specify)		8. DATE OF BIRTH <b>2/-/1944</b>	9. AGE (In years last birthday) <b>8</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>School</b>		11. BIRTHPLACE (State or foreign country) <b>MD.</b>	
15. FATHER'S NAME <b>Harris Stokes</b>		14. MOTHER'S MAIDEN NAME <b>Young</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>(May) Grandmother August 8</b>	
18. <b>E916.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>3rd degree Burns</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <b>2 mo.</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CERTIFICATION APPROVED BY <b>William H. [Signature]</b> CHIEF OR ASST. MEDICAL EXAMINER.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Near 2740 Booker Drive 25/32</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>5/1/52</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Playing with Children (Unarmed)</b>	
22. I hereby certify that I attended the deceased from <b>7/1/52</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7/21</b> , 19 <b>52</b> , and that death occurred at <b>10:50 P.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>G. Alderman</b>		23B. ADDRESS <b>Union Hoop</b>		23C. DATE SIGNED <b>7/21/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7/24/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Arbutus</b>	
24D. LOCATION (City, town, or county) <b>Arbutus, Md.</b>		24E. LOCATION (State) <b>Md.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 23 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>Seashell Gibson</b>	
				ADDRESS <b>1303 Crestman St</b>	

MEDICAL CERTIFICATION

3525

5

THE UNITED STATES OF AMERICA  
DEPARTMENT OF JUSTICE  
OFFICE OF THE ATTORNEY GENERAL

1948

OFFICE OF THE ATTORNEY GENERAL

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6837**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Hildebrand, Mr Andrew A.**

2. DATE  
OF  
DEATH

**July 22 - 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore, Md**

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

**Home For Incurables - 700 W-40<sup>th</sup> St**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)  
**13-07**

C. Length of stay in Baltimore **Life**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Single**

8. DATE OF BIRTH

**March 2 - 1871**

9. AGE (In years last birthday)

**81**

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Various Odd Jobs**

10B. KIND OF BUSINESS OR INDUSTRY

**None**

11. BIRTHPLACE (State or foreign country)

**Baltimore - Md.**

12. CITIZEN OF WHAT COUNTRY?

**U. S. A**

13. FATHER'S NAME

**George Hildebrand**

14. MOTHER'S MAIDEN NAME

**Mary Sciling**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**no**

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**Laura Fischer R. M. Home For Incurables Records**

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) **Congestive Heart Failure**  
DUE TO **Hypertensive Interstitial**  
**Cardiac Vascular Disease**  
(B) **Hypertrophic Atherosclerosis**  
DUE TO

**3 weeks**  
**Several**  
**years**  
**Several**  
**years**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 7**, 1952, to **July 22**, 1952 that I last saw the deceased alive on **July 22**, 1952, and that death occurred at **2:25** p. m., from the causes and on the date stated above.

23A. SIGNATURE

**T. Quoy**

23B. ADDRESS

**11 E. Chest St. Baltimore 2**

23C. DATE SIGNED

**7/22/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**July 25/52**

24C. NAME OF CEMETERY OR CREMATORY

**Most Holy Redeemer Cemetery, Balto. Md.**

24D. LOCATION (City, town, or county) (State)

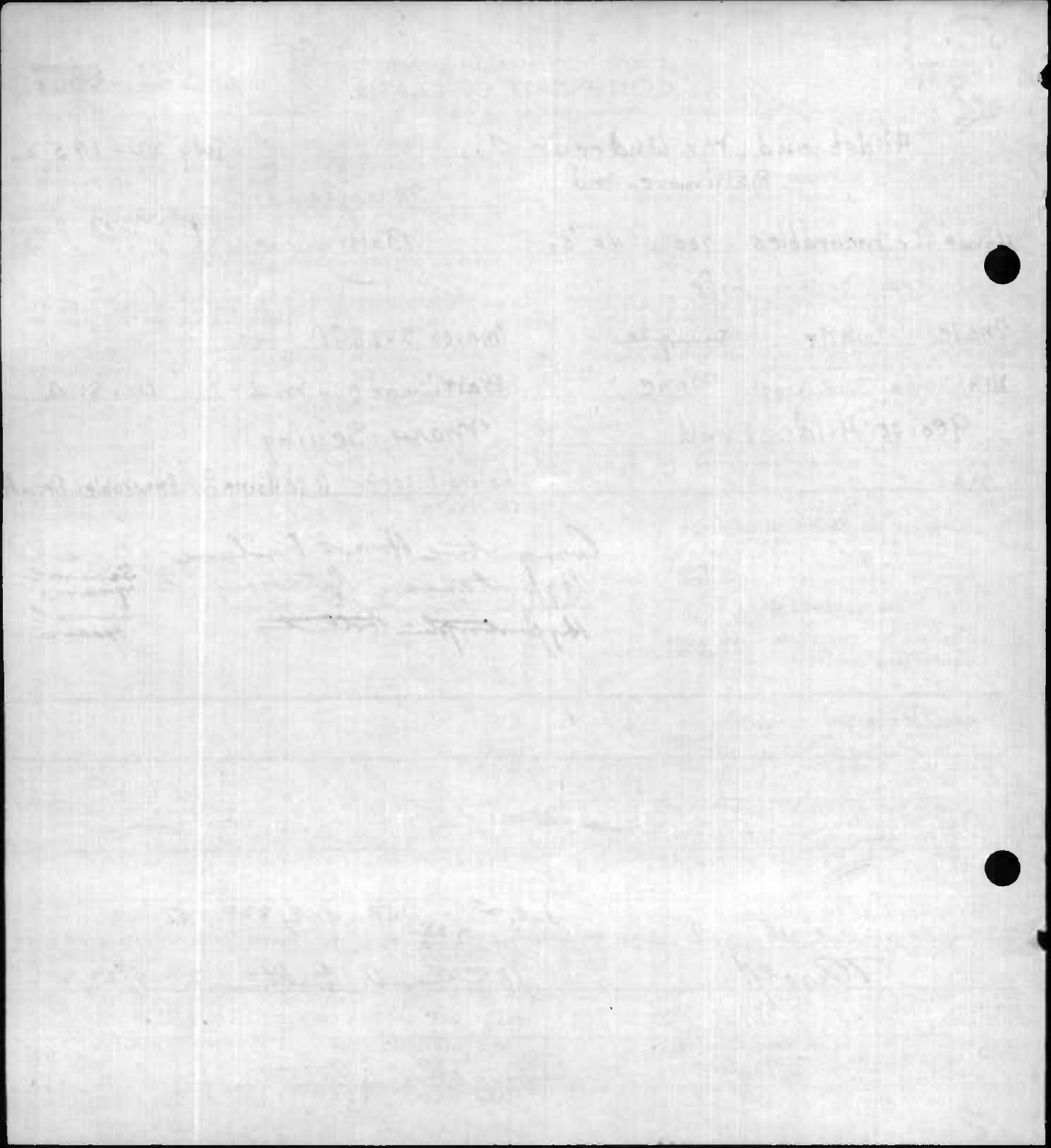
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**JUL 23 1952** **Huntington, William, M.D.** **101 Edmondson Ave.**





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6838  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

*FANNIE W. BALTIMORE*

2. DATE  
OF  
DEATH

*July 22, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*Doctors Hospital*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

*Md*

C. CITY OR TOWN (If outside corporate limits, write, R. 1, 2, 3, and give township)

*Baltimore 15-10*

D. STREET ADDRESS (If rural, give location)

*3911 Belle Ave*

C. Length of stay in Baltimore

5. SEX

*Female*

6. COLOR OR RACE

*White*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*Married*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Housewife*

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

*Agmon*

11. BIRTHPLACE (State or foreign country)

*Baltimore Md*

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

*Greene*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Samuel Baltimore - Base*

18. *331X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)

(A) \_\_\_\_\_

*Cerebral hemorrhage*

*6 hours*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_

*Hypertension*

*15 years*

DUE TO

(C) \_\_\_\_\_

*Arteriosclerosis*

*5 years*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Pneumonia*

*1 day*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from *July 17, 1952*, to *July 22, 1952*, that I last saw the deceased alive on *July 22, 1952*, and that death occurred at *10:10* m., from the causes and on the date stated above.

23A. SIGNATURE

*J. A. Schum*

23B. ADDRESS

*Temple Gardens, Apt. 1*

23C. DATE SIGNED

*7/22/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*7-24-52*

24C. NAME OF CEMETERY OR CREMATORY

*Wrlington*

24D. LOCATION (City, town, or county) (State)

*Balto Md*

DATE RECEIVED BY LOCAL REGISTRAR

*JUL 23 1952*

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*Geo. E. 2100 Canton Pl*

STATE OF TEXAS  
COUNTY OF DALLAS

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said County, at Dallas, Texas, this 1st day of January, 1901.

Attest:  
County Clerk

Blank area for text or signature.

## CERTIFICATE OF DEATH

Registered No. 52 6839

420  
52 6839  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Benny Wilson Glace</i>		2. DATE OF DEATH <i>July 22/52</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>3913 W. Garrison</i>		4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission) a. STATE <i>Md.</i> b. COUNTY <i>Baltimore</i>	
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>at home</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i> <i>27-18</i>	
c. Length of stay in Baltimore <i>16 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>3913 W. Garrison Rd.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec 2/1882</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>aut. Body Bldg.</i>	9. AGE (In years last birthday) <i>69</i>
11. BIRTHPLACE (State or foreign country) <i>Brit - Pa</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>	
13. FATHER'S NAME <i>Daniel Glace</i>		14. MOTHER'S MAIDEN NAME <i>Isabelle - ? -</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>215-10-1177</i>	
17. INFORMANT <i>Miss Loretta Glace - day Mr. Guomon</i>		ADDRESS <i>3913</i>	

18. <i>447X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardiovascular renal disease</i>		CAUSE OF DEATH (A) <i>Cardiovascular renal disease</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>uremia</i>		(B) <i>uremia</i> DUE TO	
		(C) <i>Parkinson's disease</i> DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *Feb 1939* to *July 22, 1952*, that I last saw the deceased alive on *July 22, 1952*, and that death occurred at *8:15 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE *Jack J. Surger* M. D. 23B. ADDRESS *5062 North Ave* 23C. DATE SIGNED *7/23/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>July 23/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine</i>	24D. LOCATION (City, town, or county) (State) <i>Goodellawn Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 23 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Stewart M. Munn Co. - Balto.</i>

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Signature of physician		8. Signature of registrar	
9. Name of informant		10. Address of informant		11. Signature of informant		12. Date of registration	

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6840  
Registered No.

240  
52 6840  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Samuel Owen Nagle</i>			2. DATE OF DEATH <i>July 22-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2558 Garrett Rd</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>at home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>32 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>2558 Garrett Rd</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 1-1904</i>		9. AGE (In years last birthday) <i>48</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Conservation Fireman - City of Balt.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Harford Co.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Samuel O. Nagle</i>			14. MOTHER'S MAIDEN NAME <i>Margaret A. Bond</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>213-28-7265</i>		17. INFORMANT <i>Ms. Sothy A. Taylor</i> ADDRESS <i>208</i>	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Heat Exhaustion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
DUE TO (A) <i>Heat Exhaustion</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Hypertensive Cardiovascular Disease</i>		<i>10 yrs</i>
DUE TO (C) <i>Hepatic Cirrhosis</i>		<i>3 yrs</i>

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION <i>Hepatic Cirrhosis</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *1952* 19 *July*, 19 *52*, that I last saw the deceased alive on *July 21*, 19 *52*, and that death occurred at *4:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE *Lois M. Zimmerman* M. D. 23B. ADDRESS *2058 Harford Rd.* 23C. DATE SIGNED *July 23, 1952*

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>July 25, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Center M.E. Cemetery</i>	24D. LOCATION (City, town, & county) <i>Harford Co. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 23 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>St. George Monarchs</i>	

1000 2

1000 2

1000 2





624  
52 6841  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No 52 6841

1. NAME OF DECEASED (Type or Print) <b>Sr. Isabelle Purcell</b>			2. DATE OF DEATH <b>July 22, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore Md</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Villa St. Michael</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 28-41</b>		
C. Length of stay in Baltimore <b>14</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>4000 Forest Hill Road</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Feb. 15, 1865</b>	9. AGE (In years last birthday) <b>87</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nurse</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Hospital</b>	11. BIRTHPLACE (State or foreign country) <b>Pennsylvania</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13. FATHER'S NAME <b>Perry Purcell</b>			14. MOTHER'S MAIDEN NAME <b>Bridget Carroll</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT ADDRESS <b>Records - Villa St. Michael - above (4000)</b>		
18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Chronic myocarditis</b> DUE TO <b>Arteriosclerosis General?</b> INTERVAL BETWEEN ONSET AND DEATH <b>44 days</b>					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>None</b>			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>7 22 1952 330A</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>June 7, 1952</b> to <b>July 22, 1952</b> that I last saw the deceased alive on <b>July 21, 1952</b> , and that death occurred at <b>330A</b> on <b>July 22, 1952</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>H. P. Alay</b>		M. D. <b>330A</b>	23B. ADDRESS <b>330A</b>		23C. DATE SIGNED <b>7/22/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 24, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>St. Joseph's Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Emmitsburg, Maryland</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 23 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR ADDRESS <b>Stewart &amp; Bowen Company - 108 W. North Av. Balto. - 1</b>		

MEDICAL CERTIFICATION

1122 34

RECEIVED BY MAIL DEPARTMENT  
CERTIFICATE OF DEATH

1122

Name of Deceased		Date of Death	
Place of Birth		Place of Death	
Occupation		Cause of Death	
Signature of Physician		Signature of Registrar	
Date of Certificate		Place of Issuance	

530  
52 6842BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6842  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Henry Bente Jr.		2. DATE OF DEATH 7-22-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1512 N. Rose St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1512 N. Rose St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-16-1897
9. AGE (in years last birthday) 35		10. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10B. KIND OF BUSINESS OR INDUSTRY Hands Boat Yard	
11. BIRTHPLACE (State or foreign country) Baltimore- Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Henry Bente Sr.		14. MOTHER'S MAIDEN NAME Elizabeth Kamphaus	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 212-05-4694	
17. INFORMANT Elizabeth Bente		ADDRESS 1512 N. Rose St.	

18. 331X I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1952, to July 15, 1952, that I last saw the deceased alive on July 15, 1952, and that death occurred at 4:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)  
Burial24B. DATE  
7-25-5224C. NAME OF CEMETERY OR CREMATORY  
Holy Cross Cem.24D. LOCATION (City, town, or county) (State)  
Ritchie Hwy.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 23 1952

Huntington Williams, M.D.

John G. Miller Inc-2435

E. Oliver St.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6843**

BIRTH NO. **51-13689**

1. NAME OF DECEASED (Type or Print) <b>VERNON CARTER</b>		2. DATE OF DEATH <b>July 22, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Dundalk</b>	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>202 Curtis Lane</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>6-18-51</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <b>13 mo.</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>William Turner</b>		14. MOTHER'S MAIDEN NAME <b>Virginia Carter</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Frances Carter-202 Curtis Lane</b>	

18. <b>571.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Dehydration</b> DUE TO <b>gastro-enteritis</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B)</b> DUE TO		
<b>(C)</b> DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **[Signature]** M.D. 23B. CHIEF MEDICAL EXAMINER..... 23C. DATE SIGNED **July 22, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/24/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn</b>	24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 23 1952</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR ADDRESS <b>Charles R. Law, 802 Madison Ave.</b>	





## D.O.A. NOT MEDICAL EXAMINER'S CASE

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6844

BIRTH NO. 423 6844 22-01983

1. NAME OF DECEASED (Type or Print) <b>HAROLD GOLDSTEIN</b>		2. DATE OF DEATH <b>7-22-52</b>	
3. PLACE OF DEATH: <b>BETWEEN RESIDENCE AND HOSPITAL</b> A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>15-13</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Swan</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>4208 Fall Mall Rd</b>		5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>6</b> If Under 1 Year Months: Days Hours: Min.
11. BIRTHPLACE (State or foreign country) <b>Baltimore Md</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>William Goldstein</b>		14. MOTHER'S MAIDEN NAME <b>Mollie</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>William Goldstein</b>		ADDRESS <b>4208 Fall Mall Rd</b>	

18. <b>501X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>BRONCHITIS</b>	CAUSE OF DEATH (A) <b>BRONCHITIS</b> DUE TO (B) <b>William Speth</b> DUE TO (C) <b>Don Goldstein</b>	INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>SINCE BORN</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>7/22</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>7/22</b> , 19 <b>52</b> , to <b>DOA</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>1039</b> a.m., from the causes and on the date stated above.		
23A. SIGNATURE <b>S. J. Brown</b>	23B. ADDRESS	23C. DATE SIGNED

24A. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 23-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Swan</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>
DATE RECEIVED BY REGISTRATION <b>JUL 23 1952</b>		25. FUNERAL DIRECTOR <b>Jack Lewis</b> ADDRESS <b>ind 100</b>	

NOT A MEDICAL EXAMINER'S CASE

\_\_\_\_\_. M.D.  
CHIEF OR ASST. MEDICAL EXAMINER

520  
52 6845

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6845

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>FREDERICK MANEK (Manack)</b>		2. DATE OF DEATH <b>July 23, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Johns Hopkins Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>801 N. Madeira Street</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1902</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Orderly</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Church Home Mng</b>	9. AGE (In years last birthday) <b>50</b> If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <b>Balt. Md.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Joseph Manack</b>		14. MOTHER'S MAIDEN NAME <b>Katherine Klimka</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Charles Manack</b>		ADDRESS <b>5007 Patton Pl. G.</b>	

18. **581.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
**Fatty liver**

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
**(B)**

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....  
M.D. ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

**July 23, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

2180 92

CERTIFICATE OF DEATH

9215

Name of Deceased		Date of Death	
Place of Birth		Place of Death	
Cause of Death		Time of Death	
Signature of Physician		Signature of Registrar	
Date of Entry		Date of Filing	

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 52 6846

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELIZABETH M. BOWEN

2. DATE  
OF  
DEATH

July 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)  
A. STATE B. COUNTY

Md.

8. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

4205 Gelston Drive

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4205 Gelston Dr.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Mar. 18, 1882

9. AGE (In years  
last birthday)

70

10 Under 1 Year 11 Under 24 Hours  
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Saleslady

10B. KIND OF BUSINESS OR  
INDUSTRY

Dept. Store

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Robert Godmann

14. MOTHER'S MAIDEN NAME

Emma Muir

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Jane Jones - 4205 Gelston Dr.

18. 175X I

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Carcinoma of the liver

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Probably secondary to carcinoma of the

DUE TO Ovary. (This definitely not proven)

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

Feb. 2, 1952

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1952 to July 21, 1952 that I last saw the  
deceased alive on July 21, 1952, and that death occurred at 11:45 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

3030 Edmondson Avenue

July 23, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/24/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 23 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Lickner &amp; Sons





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52-6847**

**530**  
**52-6847**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**THOMAS C. SMITH**

2. DATE  
OF  
DEATH

**July 22, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

8. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Colonial Nursing Home  
4506 Sorrento Ave.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

**Md.**

C. CITY OR TOWN

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**325 E. 30th St.**

5. SEX

**male**

6. COLOR OR RACE

**white**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**widowed**

8. DATE OF BIRTH

**Oct. 12, 1867**

9. AGE (In years last birthday)

**84**

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Accountant (rtd)**

10B. KIND OF BUSINESS OR INDUSTRY

**(?)**

11. BIRTHPLACE (State or foreign country)

**New Jersey**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Phillip Smith**

14. MOTHER'S MAIDEN NAME

**Lena**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Mrs. Helen S. Lindsay - 325 E. 30th St.**

18. **177X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerosis**  
DUE TO

**20 yrs.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Carcinoma prostate?**  
DUE TO

**30 yrs.**

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 7**, 19**49**, to **July 22**, 19**52** that I last saw the deceased alive on **July 21**, 19**52**, and that death occurred at **11:58 m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

**Removal**

**7/24/52**

**Bay View Cem.**

**Jersey City, N. J.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**JUL 23 1952**

**Huntington Williams, M.D.**

**Thos. J. Scherer & Sons**

**109 5 2 6 0 8 17 md**

MEDICAL CERTIFICATION



6848

REA-159229

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6848

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Fred Zimmerman

2. DATE  
OF  
DEATH

June 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTEBaltimore City Hospitals  
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1024 Druid Hill Avenue

5. Length of stay in Baltimore

15 yrs.

Yrs.  
Mos.  
Days

6. SEX

Male

7. COLOR OR RACE

Negro

8. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

9. DATE OF BIRTH

September 17, 1903

10. AGE (In years,  
last birthday)

48

11. If Under 1 Year  
Months: Days12. If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

S. C.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Fred Zimmerman

14. MOTHER'S MAIDEN NAME

Maggie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. V. H. 4940 Eastern Avenue

18. 002X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Tuberculosis of Lungs.  
DUE TO

3 mos.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-14, 1952 to 6-26, 1952, that I last saw the  
deceased alive on 6-26, 1952, and that death occurred at 2:35 a. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Clagen

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

7-9-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL JUL 17 1952

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 23 1952

Huntington Williams, M.D.

Commissioner of Health

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CERTIFICATE OF DEATH

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52 6849  
REA-150928BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6849  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John Cooney

2. DATE  
OF  
DEATH

June 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTEBaltimore City Hospitals  
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)  
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 15-06

D. STREET ADDRESS (If rural, give location)

1700 N. Braddish Avenue

C. Length of stay in Baltimore

31 yrs.

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, ~~Married~~ Divorced (Specify)

8. DATE OF BIRTH

Oct. 14, 1893

9. AGE (In years  
and birth day)

58

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY11. BIRTHPLACE (State or foreign country)  
Okla.12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Michael Cooney (D)

14. MOTHER'S MAIDEN NAME

Mary Dowd (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Records: B. C. H. 4940 Eastern Avenue

ADDRESS

18. 422.1

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

Pneumonia

(A) Cerebral Vascular Accident

DUE TO Arteriosclerotic cardiovascular disease ?

(B) Auricular fibrillation with acute  
cardiac failure

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

48 hours

48 hours

4 days

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-2 1951, to 6-20 1952, that I last saw the  
deceased alive on 6-20 1952, and that death occurred at 1:55A m., from the causes and on the date stated above.

23A. SIGNATURE

*H. J. Cooney*

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL JUL 17 1952

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 23 1952

*Huntington Williams, M.D.*  
Commissioner of Health

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THE UNITED STATES OF AMERICA

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THE UNITED STATES OF AMERICA

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52 6850

REA- 25392

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

52 6850

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Fred White

2. DATE  
OF  
DEATH

6-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals  
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

B. C. H. 4940 Eastern Avenue

c. Length of stay in Baltimore

50 yrs.

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

Oct. 16, 1872

9. AGE (In years last birthday)

79

If Under 1 Year Months Days If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles ?

14. MOTHER'S MAIDEN NAME

Laura Snow (Show)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

Long Time

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Stomach

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4-15-52

19B. MAJOR FINDINGS OF OPERATION

Biopsy- metastatic Cacinoma

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-29, 1952, to 6-27, 1952, that I last saw the deceased alive on 6-27, 1952, and that death occurred at 11:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

*J. S. Rogers*

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

7-8-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

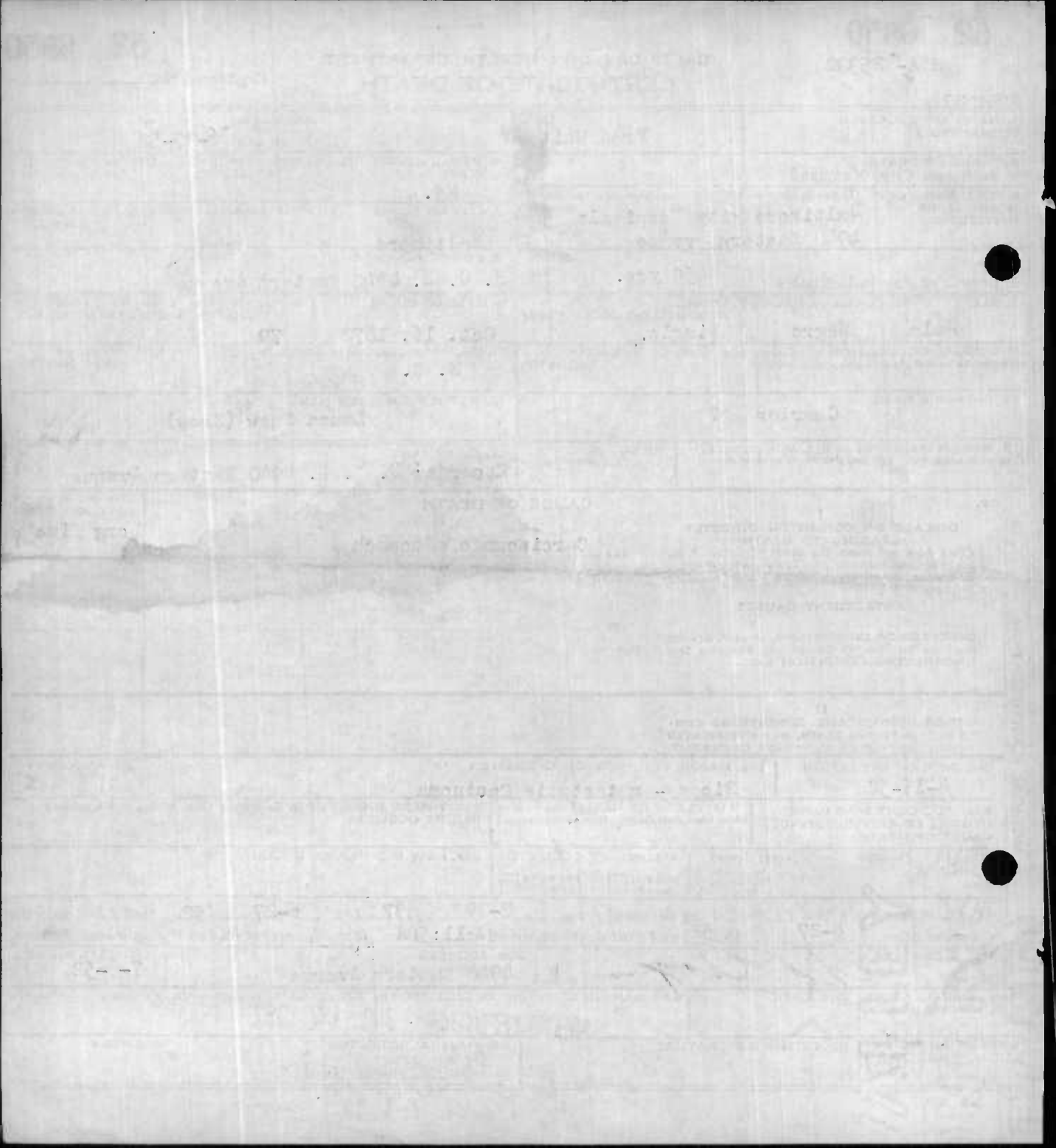
UNIVERSITY MEDICAL SCHOOL JUL 17 1952

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



240

52 6851

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6851

Registered No.

BIRTH NO.

5246600

1. NAME OF DECEASED  
(Type or Print)

Baby Boy Nicoll

2. DATE  
OF  
DEATH

July 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Lutheran Hosp of Md

4. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission)  
A. STATE

Md

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto 13

26-34

D. STREET ADDRESS (If rural, give location)

911 Glicks Way

Length of stay in Baltimore

Yrs.  
Mos.  
Days  
5

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

7/19/52

9. AGE (In years last birthday)

If Under 1 Year  
Months Days Hours Min.  
2 46

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Mitchell Eugene Nicoll

14. MOTHER'S MAIDEN NAME

Maureen Molly Marino

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mother

Same

18. 754.4

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cor Triloculare (Congenital  
Malformation)

2 46 hrs.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-19, 1952, to 7-19, 1952, that I last saw the deceased alive on 7-19, 1952, and that death occurred at 10:18 m., from the causes and on the date stated above.

23. SIGNATURE

George W. Wells Jr.

23B. ADDRESS

M. D.

Lutheran Hosp. of Md Inc

23C. DATE SIGNED

7-21-52

24A. BURIAL, CREMATION,  
REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL JUL 23 1952

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JUL 23 1952

Huntington Williams MD

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health

Baltimore

1284 52

RECEIVED FROM THE DEPARTMENT OF THE ARMY

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RECEIVED FROM THE DEPARTMENT OF THE ARMY





CERTIFICATE OF DEATH





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6853

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Agatha M. Brognes</i>		2. DATE OF DEATH <i>7/20/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>610 Scott St.</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore 21-02</i>	
D. STREET ADDRESS (If rural, give location) <i>610 Scott St.</i>		E. LENGTH OF STAY IN BALTIMORE <i>60</i> Yrs. _____ Mos. _____ Days _____	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>1/15/1871</i>
9. AGE (in years last birthday) <i>81</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>	11. BIRTHPLACE (State or foreign country) <i>Lithuania</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>William Anazulicite</i>	
14. MOTHER'S MAIDEN NAME <i>unknown</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT ADDRESS <i>Mrs Franklin H. Brognes 610 Scott St</i>	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Cerebral Hemorrhage, right</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>10 hr</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Cerebral, Arteriosclerosis</i> DUE TO	<i>2 years</i>
	(C) <i>Hypertensive Cardiovascular Disease</i> DUE TO	<i>7 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-5* 19*56* to *7-22* 19*56*, that I last saw the deceased alive on *7-26* 19*56* and that death occurred at *2:50* p.m., from the causes and on the date stated above.

23A. SIGNATURE <i>John P. Velock, Jr</i>	23B. ADDRESS <i>1227 Waver Blvd</i>	23C. DATE SIGNED <i>7-23-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7/26/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Western Cam.</i>
24D. LOCATION (City, town, or county) <i>Edmondson + Longwood</i>	25. FUNERAL DIRECTOR <i>John J. Cowan + Son</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 23 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>

MEDICAL CERTIFICATION

1. The following information was obtained from a review of the files of the Central Intelligence Agency, Office of the Director, regarding the activities of the [redacted] during the period [redacted] to [redacted].

2. The [redacted] was a member of the [redacted] and was active in the [redacted] during the period [redacted] to [redacted].

3. The [redacted] was a member of the [redacted] and was active in the [redacted] during the period [redacted] to [redacted].

4. The [redacted] was a member of the [redacted] and was active in the [redacted] during the period [redacted] to [redacted].

5. The [redacted] was a member of the [redacted] and was active in the [redacted] during the period [redacted] to [redacted].

6. The [redacted] was a member of the [redacted] and was active in the [redacted] during the period [redacted] to [redacted].

7. The [redacted] was a member of the [redacted] and was active in the [redacted] during the period [redacted] to [redacted].

8. The [redacted] was a member of the [redacted] and was active in the [redacted] during the period [redacted] to [redacted].

9. The [redacted] was a member of the [redacted] and was active in the [redacted] during the period [redacted] to [redacted].

10. The [redacted] was a member of the [redacted] and was active in the [redacted] during the period [redacted] to [redacted].

11. The [redacted] was a member of the [redacted] and was active in the [redacted] during the period [redacted] to [redacted].

12. The [redacted] was a member of the [redacted] and was active in the [redacted] during the period [redacted] to [redacted].

13. The [redacted] was a member of the [redacted] and was active in the [redacted] during the period [redacted] to [redacted].

14. The [redacted] was a member of the [redacted] and was active in the [redacted] during the period [redacted] to [redacted].

15. The [redacted] was a member of the [redacted] and was active in the [redacted] during the period [redacted] to [redacted].

- 525  
52 6854

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6854  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Stanley Benesuns</i>		2. DATE OF DEATH <i>7/23/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>34 So. Fremont Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 18-03</i>	
Length of stay in Baltimore <i>46</i> Yrs. <i>46</i> Mos. <i>46</i> Days		D. STREET ADDRESS (If rural, give location) <i>34 So. Fremont Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>5/9/1895</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sailor</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>78 Adams Tailoring Co. Clothing (M)</i>	9. AGE (In years last birthday) <i>57</i>
11. BIRTHPLACE (State or foreign country) <i>Lithuania</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Stanley Benesuns</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Erringins</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Mr. Bernard Benasuns 34 So. Ave</i>		18. DOBESS <i>Fremont</i>	

18. <i>420.1</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Coronary Thrombosis</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>2 hr</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Coronary Artery Disease</i> DUE TO	<i>1 year</i>
(C)		

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8-27*, 19*46*, to *7-23*, 19*52*, that I last saw the deceased alive on *7-20*, 19*52*, and that death occurred at *2 A* m., from the causes and on the date stated above.

23A. SIGNATURE <i>John P. Unbeck Jr</i>	23B. ADDRESS <i>1227 Wacker Blvd.</i>	23C. DATE SIGNED <i>7-23-52</i>
---	---------------------------------------	---------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7-26-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer Ch.</i>	24D. LOCATION (City, town, or county) (State) <i>4430 Belair Rd. Baltimore Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 23 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>John J. Cowan &amp; Son</i>	

JANUARY 1, 1934

## ARTICLE BY DR. J. H. HARRIS

THE  
JOURNAL OF THE  
AMERICAN MEDICAL ASSOCIATION  
PUBLISHED WEEKLY  
CHICAGO, ILL.

ARTICLE BY DR. J. H. HARRIS

PUBLISHED WEEKLY

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6855  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Elsie G. Bugglen</i>		2. DATE OF DEATH <i>7/22/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>2134 Vine St.</i>		C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) <i>Baltimore 20-02</i>	
6. LENGTH OF STAY IN BALTIMORE <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2134 Vine St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>9/24/1902</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>	9. AGE (In years last birthday) <i>49</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Frederick Dimerler</i>		14. MOTHER'S MAIDEN NAME <i>Agnes Stencill</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Mr. Leo C. Bugglen</i>		ADDRESS <i>2134 Vine St.</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>154x I</i>		CAUSE OF DEATH (A) <i>General carcinomatosis</i> DUE TO (B) <i>primary, rectum</i> DUE TO (C)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i> <i>7 yrs.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>7/19/52</i>		19B. MAJOR FINDINGS OF OPERATION <i>-</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>-</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>7/19/52</i> 19, to <i>7/22/52</i> 19, that I last saw the deceased alive on <i>7/22/52</i> 19, and that death occurred at <i>3:30 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>A. C. Allen</i>		23B. ADDRESS <i>400 Fuelman</i>	
23C. DATE SIGNED <i>7/23/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7/25/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>New Balto. Natl. Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>5500 Frederick Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 23 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
FUNERAL DIRECTOR <i>John J. Cowan &amp; Son</i>		ADDRESS <i>127 Hollins</i>	





352 6856

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6856

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Rachel E. Stewart

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE

Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS

(If rural, give location)

617 St Johns Rd

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

Female white

widowed

Aug 6-1870

81

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

at home

Balt Co Md

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Jesse Benson

Arietta Armstrong

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. E931.01

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Heat Stroke

DUE TO

5d

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

R. F. Fisher M.D.

CHIEF OR ASST. MEDICAL EXAMINER

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Cardiovascular disease

20 yro

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

July 19-22/1952

Home

617 St. Johns Rd. 27/13

22. I hereby certify that I attended the deceased from 7/21, 1952, to 7/22, 1952, that I last saw the deceased alive on 7/22, 1952, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Thom R. Hendrix

M. D.

JOHNS HOPKINS HOSPITAL

7/22/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

7-25-52

Black Rock

Butler Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 23 1952

Huntington Williams, M.D.

L. J. Park

5305 Mayford Rd

VS 150

N-981.3

MEDICAL CERTIFICATION

450

RECEIVED  
FEBRUARY 1964

STATE OF TEXAS

DEPARTMENT OF COMMERCE  
BUREAU OF MARITIME SAFETY

SAFETY OF LIFE AT SEA

SAFETY OF LIFE AT SEA  
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620  
52 6857

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6857  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WILLIAM BROOKS

2. DATE  
OF  
DEATH

7/21/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

BALTO.

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNIVERSITY HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO. MD.

5300

D. STREET ADDRESS (If rural, give location)

Greenspring & Halcyon Road

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Nov. 27, 1900

9. AGE (In years  
last birthday)

51

10 Under 1 Year  
Months Days

11 Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

BUTLER

10B. KIND OF BUSINESS OR  
INDUSTRY

R.T. FAMILY

11. BIRTHPLACE (State or foreign country)

Santiago, CAL.

12. CITIZEN OF  
WHAT COUNTRY?

U.S. A.

13. FATHER'S NAME

Herbert Brooks

14. MOTHER'S MAIDEN NAME

Susan Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

218-07-3216 Margaret Brooks-HALCYON Rd. Box 420  
Rt. 7, Balto. Co.

17. INFORMANT

Greenspring Ave &

Interval between  
ONSET AND DEATH

CAUSE OF DEATH

18. 162x and 260x  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

ATELECTASIS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

BRONCHOGENIC CARCINOMA

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS; Cerebral Vascular Acc.

19A. DATE OF OPERATION

7/18/52

19B. MAJOR FINDINGS OF OPERATION

INOOPERABLE BRONCHOGENIC CARCINOMA

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐

NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/5/52, 19, to 7/21/52, 19, that I last saw the  
deceased alive on 7/21, 19 52, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Donald H. Hager

23B. ADDRESS

M. D.

21 University House

23C. DATE SIGNED

7/21/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

July 24, 1952

24C. NAME OF CEMETERY OR CREMATORY

Wm. A. Auburn

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Adams Funeral Home

TO THE HONORABLE  
THE ATTORNEY GENERAL  
OF THE STATE OF NEW YORK  
IN SENATE  
JANUARY 18, 1907  
REPORT  
OF THE  
COMMISSIONERS OF THE LAND OFFICE  
IN RESPONSE TO A RESOLUTION  
PASSED BY THE SENATE  
JANUARY 18, 1906  
ALBANY: J.B. LIPPINCOTT & CO. PRINTERS  
1907

52 6858

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6858

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MILDRED SMITH

2. DATE  
OF  
DEATH

June 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1124 E. Lombard Street

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)

43

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Unknown

18. E962.9

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Traumatic epilepsy

## ANTECEDENT CAUSES

Chronic subdural hemorrhage

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING OR CONTRIB-  
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....

June 24, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

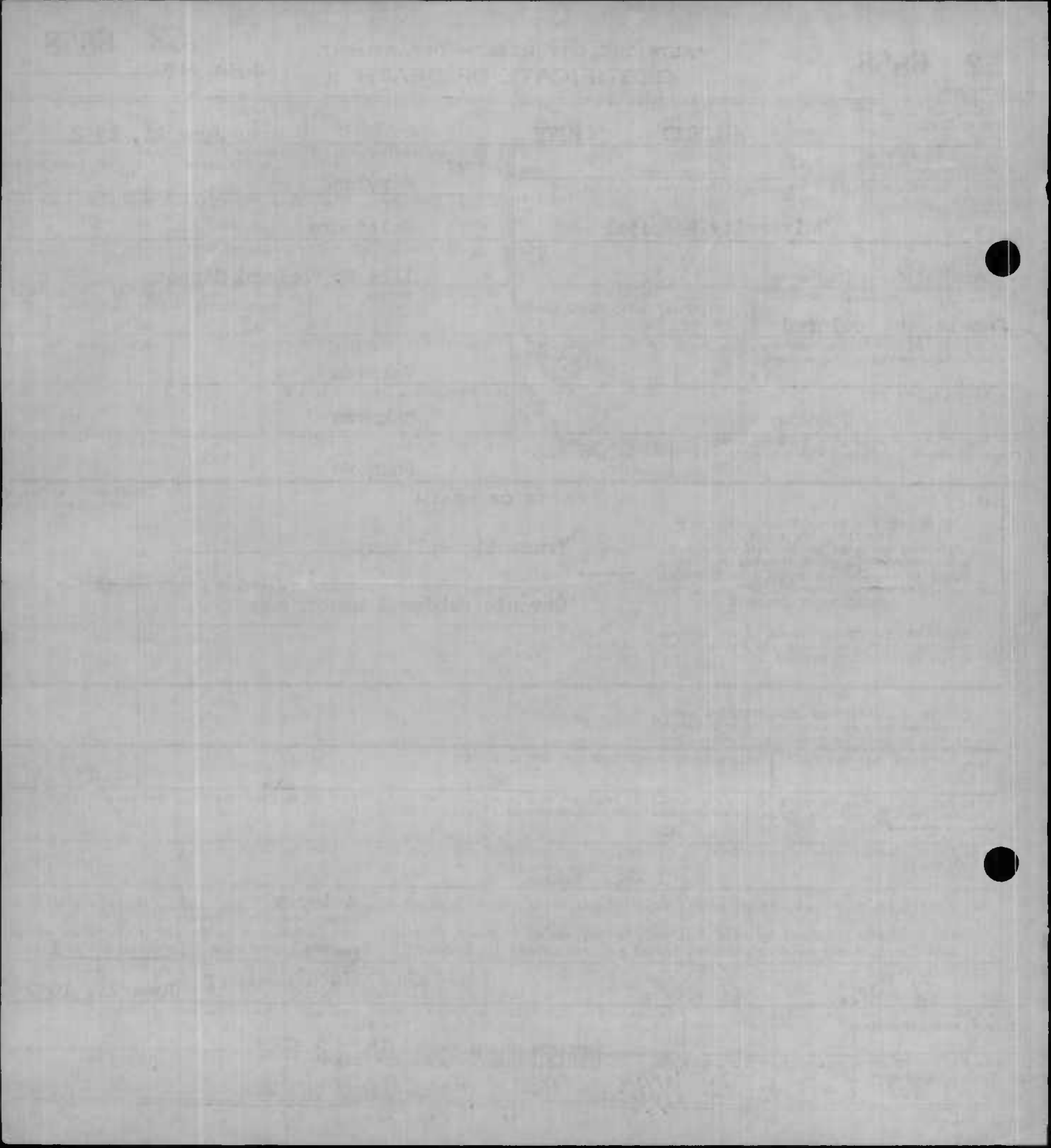
UNIVERSITY MEDICAL SCHOOL JUL 11 1952

ADDRESS

VS 151

N-854.9

Commissioner of Health





52 6859

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6859  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ROBINSON</b> <b>PEACOCK</b>		2. DATE OF DEATH <b>June 24, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Unknown</b> B. COUNTY <b>GO</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Unknown</b>	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>Unknown</b> <b>NO HOME</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <b>81</b>
13. FATHER'S NAME <b>Unknown</b>		11. BIRTHPLACE (State or foreign country) <b>Unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY?
17. INFORMANT		ADDRESS	
		<b>Unknown</b>	

18. <b>E978X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Multiple fractures of ribs</b> <del>XXXXX</del>	CAUSE OF DEATH (A) <b>Multiple fractures of ribs</b>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Intrathoracic hemorrhage</b>	(B) <b>Intrathoracic hemorrhage</b>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Bronchiectasis</b> <b>Arteriosclerotic cardiovascular disease</b>	(C)	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Baltimore City Hosp.</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>4940 Eastern Avenue</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>June 24, 1952</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Jumped from second floor window</b>
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>Stanley H. Dineen</i> M.D.	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	23C. DATE SIGNED <b>June 25, 1952</b>

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <b>UNIVERSITY MEDICAL SCHOOL</b>	24D. LOCATION (City, town, or county) (State) <b>JUL 11 1952</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 23 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <b>Commissioner of Health</b>	
V S 151 <b>N 807.2</b>			

correct age is especially important. Physicians, please write the cause of death clearly and legibly.

1. The first of the three main parts of the report is a description of the work done during the year. This part is divided into three sections: a general description of the work, a description of the work done in the various departments, and a description of the work done in the various divisions. The second part of the report is a description of the results of the work. This part is divided into two sections: a description of the results of the work in the various departments, and a description of the results of the work in the various divisions. The third part of the report is a description of the conclusions reached. This part is divided into two sections: a description of the conclusions reached in the various departments, and a description of the conclusions reached in the various divisions.

4252 5860  
HEA-150867BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 6860

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		John Karlson		2. DATE OF DEATH June 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Length of stay in Baltimore 3 yrs.		D. STREET ADDRESS (If rural, give location) 339 Times Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 21, 1894	9. AGE (In years last birthday) 57	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Estonia	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME John Karlson		14. MOTHER'S MAIDEN NAME Lena ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Records: B. C. H. 4940 Eastern Avenue	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive Failure of heart due to Hypertension DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH Long time	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-30, 1951, to 6-25, 1952, that I last saw the deceased alive on 6-25, 1952, and that death occurred at 6:50P m., from the causes and on the date stated above.					
23A. SIGNATURE D. H. Hagen		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 7-8-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL	
24D. LOCATION (City, town, or county) (State)		24E. DATE OF DEATH JUL 14 1952		24F. LOCATION (City, town, or county) (State)	

MEDICAL CERTIFICATION

DATE RECEIVED BY  
LOCAL REGISTRAR  
JUL 23 1952REGISTRAR'S SIGNATURE  
Huntington Williams, M.D.25. FUNERAL DIRECTOR  
Commissioner of Health

ADDRESS

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BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6861  
Registered No.

1. NAME OF DECEASED (Type or Print)		Ralph Loe		2. DATE OF DEATH		7-21-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 20years				D. STREET ADDRESS (If rural, give location) 4940 Eastern Ave. Baltimore City Hospitals			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 24- 1898	9. AGE (In years last birthday) 53	10 Under 1 Year Months: Days	11 Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 2		10B. KIND OF BUSINESS OR INDUSTRY 7		11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Winfield(Winfuid) Loe				14. MOTHER'S MAIDEN NAME Lydia Cunningham			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMATION Baltimore City Hospitals Records: 4940 Eastern Ave.			

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Cerebral Vascular Accident		DUE TO		3hrs.	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6-3-1947, to 7-21-1952, that I last saw the deceased alive on 7-21-1952, and that death occurred at 1.25A m., from the causes and on the date stated above.

23A. SIGNATURE J. S. Rogers	23B. ADDRESS 4940 Eastern Ave., Balto., Md.	23C. DATE SIGNED 7-22-1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 7-24-52	24C. NAME OF CEMETERY OR CREMATORY CEM, TOLEDO, OHIO.	24D. LOCATION (City, town, or county) (State) BALTO., MD.
DATE RECEIVED BY LOCAL REGISTRAR JUL 23 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Charles S. Seiler 901 S. CONKLING ST.	

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6862**

BIRTH NO. **636**

1. NAME OF DECEASED  
(Type or Print)

**Edna Hammond Cartwright**

2. DATE  
OF  
DEATH

**July 22, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

**Maryland**

**Anne Arundel**

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

**US PHS Hospital, Balto., 11, Md.**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

**Saverna Park**

D. STREET ADDRESS (If rural, give location)

**--**

**5200**

C. Length of stay in Baltimore

**---**

Yrs.  
Mos.  
Days

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**Sep. 2, 1890**

9. AGE (In years last birthday)

**61**

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**housewife**

10B. KIND OF BUSINESS OR INDUSTRY

**Home**

11. BIRTHPLACE (State or foreign country)

**California**

12. CITIZEN OF WHAT COUNTRY?

**USA**

13. FATHER'S NAME

**Charles Hammond**

14. MOTHER'S MAIDEN NAME

**Virginia Donohoe**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**Unknown**

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Records, US PHS Hospital, Balto., Md.**

**CAUSE OF DEATH**

18. **421.4**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hemorrhage, bladder, cause unknown**

**Unknown**

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **General arteriosclerosis, cerebral infarct, cardiac valvular disease.**

**Unknown**

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 22**, 19**52** to **July 22**, 19**52**, that I last saw the deceased alive on **July 22**, 19**52**, and that death occurred at **1:10** **PM**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

**Donald W. Patton, M.D., Director**

**US PHS Hospital, Balto., 11, Md. 7-23-52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

**July 25, 1952**

**Arlington Nat'l Cem. Ft. Meyer, Virginia**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**JUL 23 1952**

**Huntington Williams, M.D.**

**R. V. Slaughter, Glen Burnie, Md.**

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of church	
17. Signature of family		18. Signature of friends		19. Signature of neighbors		20. Signature of community	
21. Signature of school		22. Signature of employer		23. Signature of business		24. Signature of government	
25. Signature of military		26. Signature of religious		27. Signature of social		28. Signature of cultural	
29. Signature of sports		30. Signature of entertainment		31. Signature of education		32. Signature of science	
33. Signature of technology		34. Signature of industry		35. Signature of commerce		36. Signature of finance	
37. Signature of law		38. Signature of medicine		39. Signature of health		40. Signature of environment	
41. Signature of energy		42. Signature of transportation		43. Signature of communication		44. Signature of information	
45. Signature of culture		46. Signature of arts		47. Signature of recreation		48. Signature of leisure	
49. Signature of hobbies		50. Signature of interests		51. Signature of passions		52. Signature of dreams	
53. Signature of hopes		54. Signature of wishes		55. Signature of desires		56. Signature of needs	
57. Signature of wants		58. Signature of requirements		59. Signature of necessities		60. Signature of essentials	
61. Signature of basics		62. Signature of fundamentals		63. Signature of principles		64. Signature of rules	
65. Signature of laws		66. Signature of regulations		67. Signature of standards		68. Signature of guidelines	
69. Signature of instructions		70. Signature of directions		71. Signature of advice		72. Signature of counsel	
73. Signature of guidance		74. Signature of support		75. Signature of assistance		76. Signature of help	
77. Signature of aid		78. Signature of relief		79. Signature of comfort		80. Signature of solace	
81. Signature of peace		82. Signature of calm		83. Signature of quiet		84. Signature of stillness	
85. Signature of silence		86. Signature of solitude		87. Signature of loneliness		88. Signature of isolation	
89. Signature of separation		90. Signature of distance		91. Signature of remoteness		92. Signature of alienation	
93. Signature of estrangement		94. Signature of disconnection		95. Signature of detachment		96. Signature of disengagement	
97. Signature of disinterest		98. Signature of indifference		99. Signature of apathy		100. Signature of apathy	

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6863**

**530**  
**52 6863**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JOHN KNOTT</b>		2. DATE OF DEATH <b>July 22, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Anne Arundel</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>South Baltimore General Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore Glen Burnie, Md. (Rural)</b>	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>1201 Johnson Avenue Box 417 A</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept 20, 1875</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watchman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Greible Motors</b>	9. AGE (In years last birthday) <b>76</b> If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
13. FATHER'S NAME <b>John E. Knott</b>		14. MOTHER'S MAIDEN NAME <b>Mary F. Clagett</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>213-12-3389</b>	17. INFORMANT <b>Corneilius Knott</b>	
		ADDRESS <b>Glen Burnie, Md. Rural</b>	

18. <b>E816.4</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Fracture of skull</b> (A) _____ DUE TO _____ ANTECEDENT CAUSES <b>Contusion of brain</b> (B) _____ DUE TO _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>road</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Ritchie Highway and M Street, 1 square north of Old Annapolis Road</b>		
21D. TIME (Month) (Day) (Year) (Hour) <b>July 22, 1952 6:30 A. m.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Auto &amp; auto collision (driver)</b>		
22. I certify that I took charge of the remains described above, held an <b>autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <b>Francis S. Dunne M.D.</b>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>July 22, 1952</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 24, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Glen Haven</b>	24D. LOCATION (City, town, or county) (State) <b>Glen Burnie, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 23 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Walligius, M.D.</b>	25. FUNERAL DIRECTOR <b>R.V. Singleton</b>
		ADDRESS <b>Glen Burnie, Md.</b>	



420  
52 6864

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6864

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>WILLIAM A. FULK</b>		2. DATE OF DEATH <b>July 22, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Johns Hopkins Hospital</b>		C. CITY OR TOWN (If outside corporate limits, give township) <b>Baltimore</b>	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>643 S. Newkirk Street</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>11-22-1880</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>HOSPITAL MAINT.</b>	9. AGE (In years last birthday) <b>71</b>
13. FATHER'S NAME <b>W.M.</b>		11. BIRTHPLACE (State or foreign country) <b>W. VA.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. SOCIAL SECURITY NO. <b>218-07-9070</b>		14. MOTHER'S MAIDEN NAME <b>MARTHA BYERS</b>	
17. INFORMANT <b>HATTIE R. FOLK</b>		ADDRESS <b>SAME</b>	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Coronary occlusion</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William Upchurch</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>July 23, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>7-25-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>GREEN HILL</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 25 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Walter Bradley, Dundalk, Md.</i>	

1080 23

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

1080 23



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6865**

BIRTH NO.

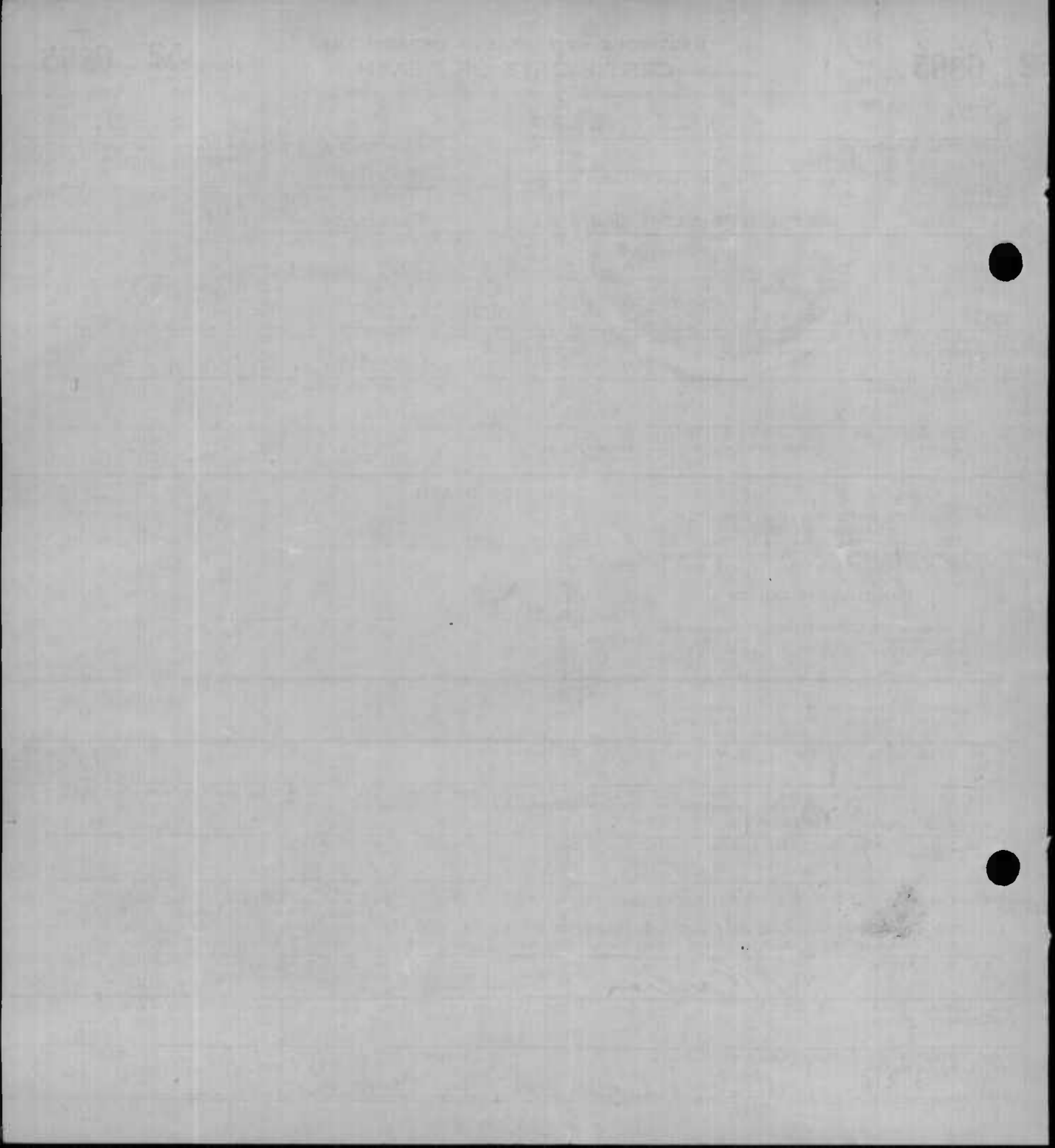
1. NAME OF DECEASED (Type or Print) <b>RUSSELL DALTON</b>		2. DATE OF DEATH <b>July 21, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Maryland General Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>2025 Eutaw Street</b>		5. SEX <b>male</b>	
6. COLOR OR RACE <b>white</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	
8. DATE OF BIRTH <b>June 18, 1907</b>		9. AGE (In years last birthday) <b>45</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>waiter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Little Tavern Shop</b>	
11. BIRTHPLACE (State or foreign country) <b>Harrison County, Indiana</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Wiley Dalton</b>		14. MOTHER'S MAIDEN NAME <b>Ida Brown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>311-20-7785</b>	
17. INFORMANT <b>Dewalt Funeral Home, Salem, Indiana</b>		ADDRESS	

18. <b>581.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Fatty liver</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES <b>(B)</b> DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(C)</b> DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>[Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>July 22, 1952</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24B. DATE <b>7/23/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Salem,</b>		24D. LOCATION (City, town, or county) (State) <b>Salem, Indiana</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 23 1952</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR <b>Huntington Williams, 1217 St. Paul Street</b>		ADDRESS	

**784 64**



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52 6866

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6866

1. NAME OF DECEASED (Type or Print) <i>Miss Gertrude McKenna</i>		2. DATE OF DEATH <i>July 21</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>1720 E 32nd</i> B. COUNTY <i>Balto.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital Baltimore</i>		C. CITY OR TOWN (If outside corporate limits, write full name of town and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1720 E. 32nd. Street</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>July 19, 1880</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	9. AGE (In years last birthday) <i>72</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Thomas McKenna</i>		14. MOTHER'S MAIDEN NAME <i>Mary E. Kerwin</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	
17. INFORMANT <i>Mrs. J.W.A. McNary</i>		ADDRESS <i>3436 - 80th St. Jackson Hgts, NY</i>	

18. <i>593X and 260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Myocardial Infarction</i> DUE TO (B) <i>Arterio Sclerosis</i> DUE TO (C) <i>Bright's disease</i> <i>Diabetic mellitus</i>	INTERVAL BETWEEN ONSET AND DEATH <i>48 hrs</i> <i>5 yrs</i> <i>5 yrs</i>
---	---	---

19A. DATE OF OPERATION <i>July 21, 1952</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 1951</i> , to <i>July 21, 1952</i> , that I last saw the deceased alive on <i>July 21, 1952</i> , and that death occurred at <i>9:45 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Edw. J. Zimmerman</i>		23B. ADDRESS <i>9855 Harwood Rd</i>		23C. DATE SIGNED <i>7/22-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>7/24/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		24E. STATE <i>Md.</i>		24F. FUNERAL DIRECTOR <i>HENRY SANDER &amp; SONS, INC.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 24 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		ADDRESS <i>BALTO. 73, MD.</i>	

058 87

1954

1954

1954

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1954



622  
52 6867BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6867  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

5. Length of stay in Baltimore

Yrs.  
Mos.  
Days

6. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or date of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 260 X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.(A) Myocardial insufficiency  
DUE TO  
(B) Chronic Myocarditis  
DUE TO  
(C) Atherosclerosis - diabetes1 day  
5 yrs.  
6 yrs.

Diabetic Gangrene both legs - amputation

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1948 to July 1952 that I last saw the deceased alive on July 21, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

2906 N 1930 Baltimore Ave





## SEE DOCUMENT FILE FOR QUERY REPLY

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 52 6868

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Baby Girl Johnson- Elsie

2. DATE  
OF  
DEATH

7-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION(If not in hospital or institution, give street address or location)  
Baltimore, City Hospital  
4940 Eastern Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1532 N. Payson St.

Length of stay in Baltimore

40 Min.

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 8, 1952

9. AGE (in years

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

James

14. MOTHER'S MAIDEN NAME

Elsie Branch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Exsanguination

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from July 8, 1952, to July 8, 1952, that I last saw the  
deceased alive on July 8, 1952, and that death occurred at 10:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Cremated

24B. DATE

7-10-52

24C. NAME OF CEMETERY OR CREMATORY

B. C. H. Crematory

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 24 1952

Huntington, Williams, M.D.

0 5 2 6 0 0 6 8 6 5

1/28/53

Showed Dr. Edwards query reply  
and 761.0 was ? indicated  
ES

525  
AB-160833

52 6869

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6869

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Charlie Jenkins JR.</b>		2. DATE OF DEATH <b>7-16-1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>502</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals 4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>252 N. Exeter St. zone 2</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 21-1899</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Genl.</b>	9. AGE (In years last birthday) <b>53</b>
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Charlie Jenkins</b>		14. MOTHER'S MAIDEN NAME <b>Marlie ?</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMATION		18. <b>Baltimore City Hospitals Records: 4940 Eastern Ave.</b>	

18. <b>527.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5min.</b>
(A) <b>Post Operative Hemorrhage-massive from left Pulmonary Artery</b> DUE TO		
(B) <b>Bilateral Pulmonary Emphysema</b> DUE TO		<b>?</b>
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

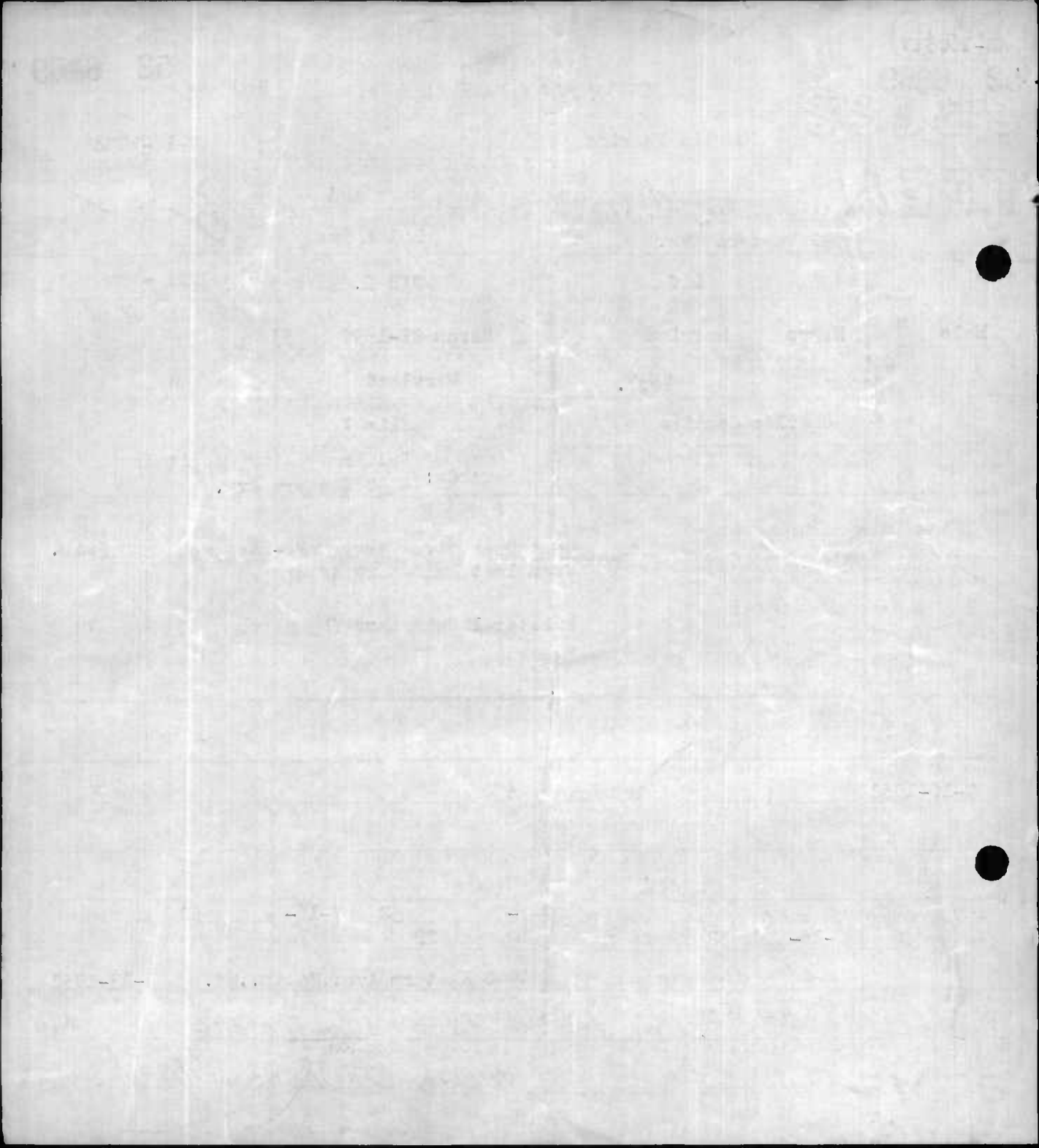
19A. DATE OF OPERATION <b>7-16-1952</b>		19B. MAJOR FINDINGS OF OPERATION <b>Pulmonary Cyst</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7-7-**, **1952**, to **7-16-**, **1952**, that I last saw the deceased alive on **7-16-**, **1952**, and that death occurred at **2P** m., from the causes and on the date stated above.

23A. SIGNATURE <i>R. S. Cozen</i>	23B. ADDRESS M. D. <b>4940 Eastern Ave., Balto., Md.</b>	23C. DATE SIGNED <b>7-23-1952</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>7-24-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>MT. AUBURN CEM</b>	24D. LOCATION (City, town, or county) (State) <b>BALTIMORE Md</b>
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 24 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington White</i>	25. FUNERAL DIRECTOR <b>WILLIAM S. JACKSON</b>	ADDRESS <b>916 PENNA. AVE.</b>
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260  
52 6870BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6870  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SOPHIA SHUGER

2. DATE  
OF  
DEATH

7/22/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland ~~SINAI HOSPITAL~~

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Lake Court Apts Linden Ave &amp; Brooks Lane

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1879

9. AGE (In years  
last birthday)

73

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Roumania

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Hyman Wolf Saao Krestuler

14. MOTHER'S MAIDEN NAME

Mollie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Julius Shuger 3605 Menlo Drive

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Acute Pulmonary edema  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C) ArteriosclerosisII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/22, 1952 to 7/22, 1952 that I last saw the  
deceased alive on 7/22, 1952, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

July 24, 1952

Aitz Chaim Cemetery Washington Blvd Balto Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 1126

JUL 24 1952

Huntington Williams, M.D.

Sol Lewin - Bus W Nathan

VS 150

MEDICAL CERTIFICATION

0730

24

COGNAC  
BOND  
VALE



625  
52 6871BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6871  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Lee Harrison

2. DATE  
OF  
DEATH

7. 22. 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

University Hosp

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chaffin

10B. KIND OF BUSINESS OR INDUSTRY

Camp. Holberg

13. FATHER'S NAME

Luhman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

Balto

D. STREET ADDRESS (If rural, give location)

1568 Richland

8. DATE OF BIRTH

1893

9. AGE (in years last birthday)

59 yrs

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Luhman

17. INFORMANT

Beattie Harrison

ADDRESS

1568 Richland St

18. 443 X  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

(A) CARDIO VASCULAR DISEASE

4 YRS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) BROKEN COMPENSATION

6 MO'S

DUE TO

(C) HYPER TENSION

4 YRS

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB 10, 1948 to JULY 22, 1952 that I last saw the deceased alive on JULY 19, 1952, and that death occurred at 5 P.M., from the causes and on the date stated above.

23A. SIGNATURE

E. William Frey

M. D.

23B. ADDRESS

1928 Penna Ave

23C. DATE SIGNED

7/23/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

July 25-52

24C. NAME OF CEMETERY OR CREMATORY

Balt National

24D. LOCATION (City, town, or county)

Balt

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr. Jarvis Delafra

25. FUNERAL DIRECTOR

ADDRESS

638 N. Fulton St

STATE OF NEW YORK  
CERTIFICATE OF DEATH

1. Name of Deceased: *John Doe*

2. Date of Death: *10/25/1954*

3. Place of Death: *City of New York*

4. Age: *45*

5. Sex: *Male*

6. Race: *White*

7. Cause of Death: *Heart Disease*

8. Date of Burial: *10/27/1954*

9. Place of Burial: *City of New York*

10. Signature of Physician: *[Signature]*

11. Signature of Registrar: *[Signature]*

12. Signature of Coroner: *[Signature]*

13. Signature of Medical Examiner: *[Signature]*

14. Signature of Funeral Home: *[Signature]*

15. Signature of Family: *[Signature]*

16. Signature of Other: *[Signature]*

17. Signature of Other: *[Signature]*

18. Signature of Other: *[Signature]*

19. Signature of Other: *[Signature]*

20. Signature of Other: *[Signature]*

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6872  
Registered No. 52 6872

BIRTH NO. 52-08910

1. NAME OF DECEASED  
(Type or Print)

*Warren Johnson Jr.*

2. DATE  
OF  
DEATH

*July 22, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *MD. - OPP*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Md.*

*Anne Arundel*

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

*JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Pasadena*

D. STREET ADDRESS (If rural, give location)

*Rt. 1 Box 174*

c. Length of stay in Baltimore

5. SEX

*male*

6. COLOR OR RACE

*Colored*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*Single*

8. DATE OF BIRTH

*April 19, 1952*

9. AGE (In years, last birthday)

10 Under 1 Year  
Months: Days  
3 3

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

*Warren Johnson*

14. MOTHER'S MAIDEN NAME

*Clarice*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

*JOHNS HOPKINS HOSPITAL*

18. *493X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Pneumonia -*

DUE TO

*4 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from *7-22, 1952* to *7-22, 1952*, that I last saw the deceased alive on *7-22, 1952*, and that death occurred at *11:55 A. M.*, from the causes and on the date stated above.

23A. SIGNATURE

*Herman Pinkerton Jr.*

M. D.

23B. ADDRESS

*JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED

*7/23/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Burial*

*July 25-52*

*Magrathy Am.*

*A. A. Co. Md.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Huntington Williams, M.D.*

*688 N. ...*

*JUL 24 1952*

VS-150

MEDICAL CERTIFICATION

1975

STATEMENT OF WORK

1

1975

1975

1975

# CERTIFICATE CORRECTED 8-4-52

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 6873

420  
52 6873

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JENNIE GLASS

2. DATE  
OF  
DEATH

7-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Doctors Hospital

C. CITY OR TOWN

(If outside corporate limits, write full name and give township)

Baltimore 12 06

D. STREET ADDRESS (If rural, give location)

2730 No 6 Charles St

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Mar. 25, 1885

9. AGE (in years last birthday)

67 00

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lith

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

David Miller

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Albert Glass - Same

18. E931.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Heart Exhaustion

24 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

R. J. Fisher

M. D.

CHIEF OR ASST. MEDICAL EXAMINER

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

2730 N. Charles St. 12/6

21D. TIME (Month) (Day) (Year) (Hour)

July 16-23, 1952. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Kept warm clothes on during hot weather

22. I hereby certify that I attended the deceased from 7-22-1952 to 7-23-52, 1952, that I last saw the deceased alive on 7-23-1952, and that death occurred at 1:04 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Louise J. Glass

23B. ADDRESS

2730 N Charles St

23C. DATE SIGNED

7/23/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7-24-52

24C. NAME OF CEMETERY OR CREMATORY

Sharon Grove

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

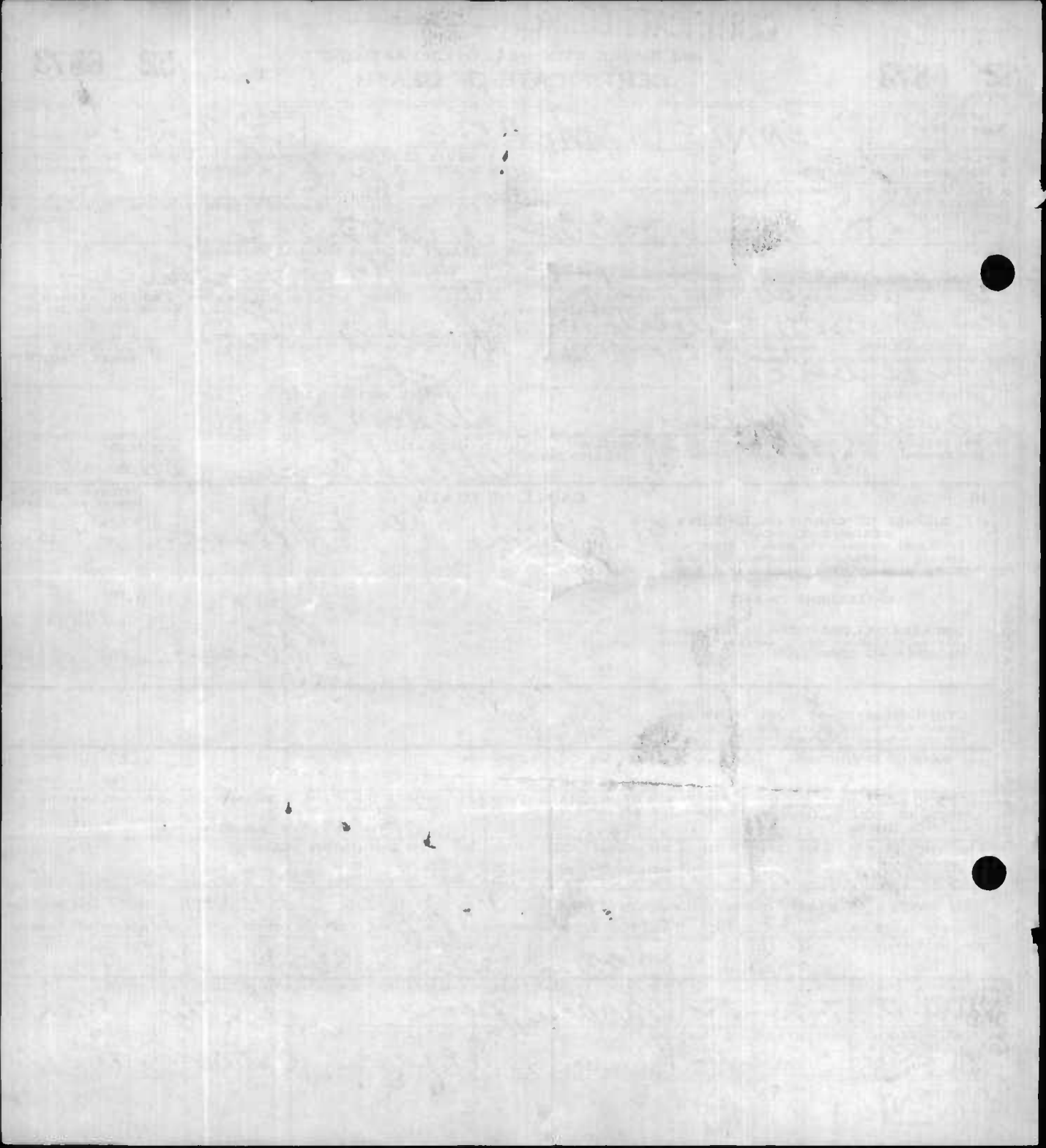
Black & Green 7100 Canton Rd

VS 150

N 981.3

1952

MEDICAL CERTIFICATION





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary Eleanor Stirling

2. DATE  
OF  
DEATH

July 23rd. 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1735 Harford Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Harford

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Fallston, Maryland

D. STREET ADDRESS (If rural, give location)

Fallston

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 8, 1867

9. AGE (in years  
last birthday)

84

10. Under 1 Year  
Months: Days: Hours: Min.

7

15

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Towson, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Nicholas Charles Burke

14. MOTHER'S MAIDEN NAME

Sarah Jane Shipley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

Mr. James M. Stirling-380I Yolando Rd.

ADDRESS

Balto. Md.

18.

344X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) Acute narrowing of a chronic  
DUE TO Exophthalmos

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Ch. Exophthalmos

DUE TO

10 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940 to July 23, 1952, that I last saw the  
deceased alive on July 22, 1952, and that death occurred at 6 4 m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

18 E Eager St.

23C. DATE SIGNED

7/23.52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

July 26, 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Edmondson Ave. Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

George J. Ruth, Inc. 1735 Harford Avenue

ADDRESS

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6875**

BIRTH NO. **6875**

**JAMES ROBBINS**

2. DATE OF DEATH **July 22, 1952**

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION  
Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Maryland** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)  
**1143 Woodyear Street**

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX **male** 6. COLOR OR RACE **colored** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**Widowed**

8. DATE OF BIRTH **June 22, 1895** 9. AGE (In years last birthday) **57** 10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Laborer**

10B. KIND OF BUSINESS OR INDUSTRY  
**Gen**

11. BIRTHPLACE (State or foreign country)  
**Williamson, N. C.**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME  
**Albert Robbins**

14. MOTHER'S MAIDEN NAME  
**Vinie Myers**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.  
**217-07-1102**

17. INFORMANT ADDRESS  
**Moses S. Lewis, 1715 Baker St.**

18. **443 x 1**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive cardiovascular disease**

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

**II**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED  
**July 22, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

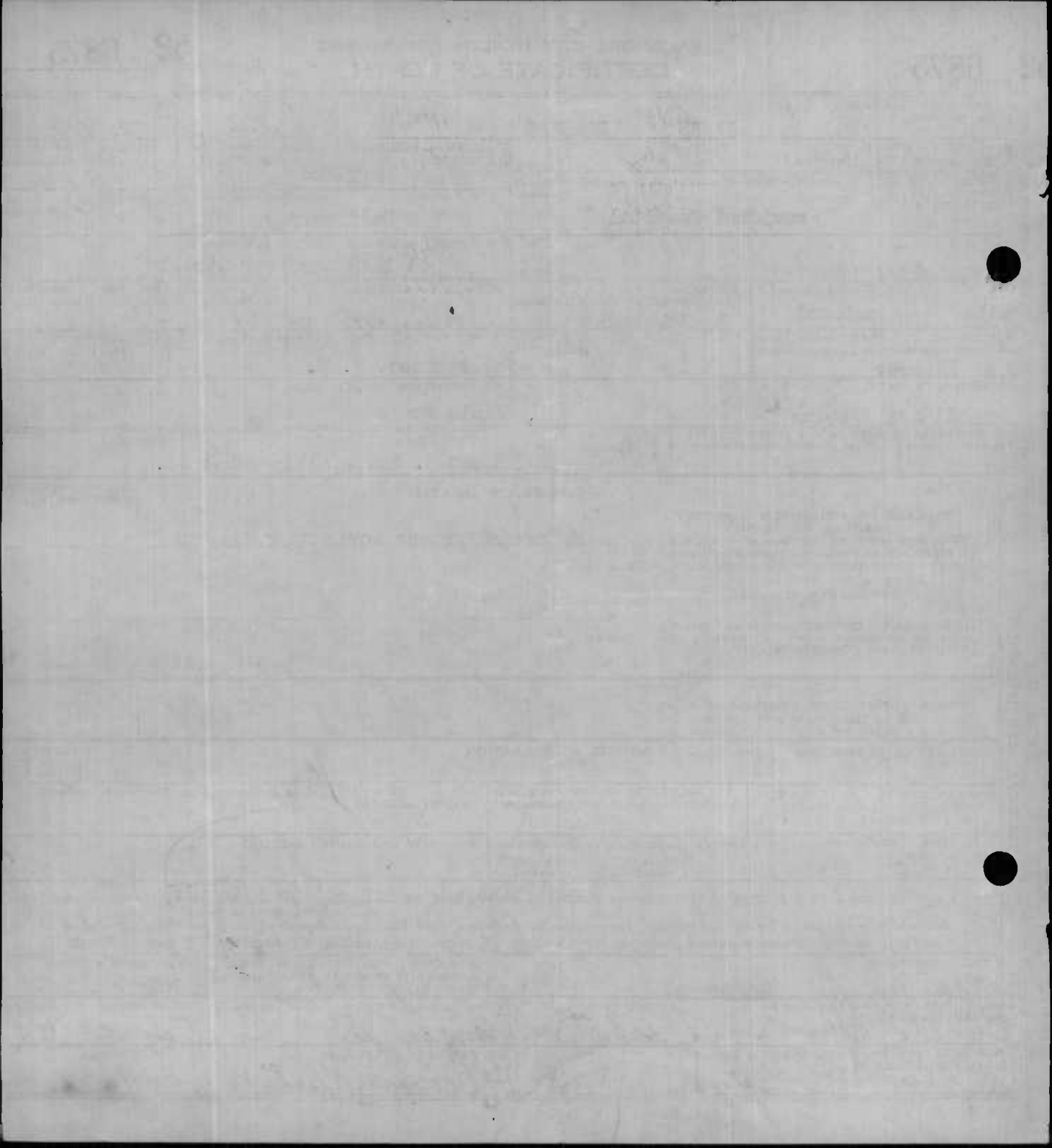
(State)

DATE RECEIVED BY LOCAL REGISTRAR  
**JUL 24 1952**

REGISTRAR'S SIGNATURE  
**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR  
**W. Brooks Ruggles**

ADDRESS  
**14637 Carlyle**



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6876**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ALICE ESTELL HAAS</b>			2. DATE OF DEATH <b>July 22, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>411 E. 31<sup>st</sup> St.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>411 E. 31<sup>st</sup> St. 12-02</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 15, 1874</b>		9. AGE (In years, last birthday) <b>78</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at Home</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore md</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Henry C. Beard</b>			14. MOTHER'S MAIDEN NAME <b>Lavonia E. Evans</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mae N. Phillips 411 E. 31<sup>st</sup> - 18</b>		

**CAUSE OF DEATH**

18. **443 X and 174 X**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

QUE TO

**II**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Cerebral Thrombosis**

INTERVAL BETWEEN ONSET AND DEATH

**approx 4 y**

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
--	--	--

21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from **27 May**, 19**48**, to **22 July**, 19**52**, that I last saw the deceased alive on **22 July**, 19**52**, and that death occurred at **Yours** m., from the causes and on the date stated above.

23A. SIGNATURE <b>Hunt Williams</b>	23B. ADDRESS <b>1512 W. North Ave</b>	23C. DATE SIGNED <b>20 July 52</b>
--	--	---------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 25, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore</b>	24D. LOCATION (City, town, or county) (State) <b>Balto md</b>
--	-----------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 20 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>John F. Seale</b>	ADDRESS <b>3313 Edmondson Ave</b>
--	---	--	--------------------------------------

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with the same

1850

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1850

1850



200  
52 6877

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6877  
Registered No.

BIRTH ND.	
1. NAME OF DECEASED (Type or Print) <b>BESSIE HAYES</b>	
2. DATE OF DEATH <b>July 20-1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>2119 Division St.</b>	
C. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>2119 Division Street.</b>	
4. LENGTH OF STAY IN BALTIMORE <b>45</b> Yrs. <b>Mon.</b>	
5. SEX <b>Female</b>	
6. COLOR OR RACE <b>Colored</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Feb. 2 1890</b>	
9. AGE (In years last birthday) <b>62</b>	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>	
10A. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Essex Co. Virginia</b>	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>HENRY HUNTER</b>	
14. MOTHER'S MAIDEN NAME <b>Annie Clark</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	
16. SOCIAL SECURITY ND.	
17. INFORMANT <b>Mrs. Gladys Gilmore</b> ADDRESS <b>2119 Division St.</b>	
18. <b>331X and 260X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b> DUE TO <b>Hypertension &amp; Disturb.</b>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <b>0</b>	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1951</b> , 19, to <b>7/20/52</b> , 19, that I last saw the deceased alive on <b>7/20/52</b> , 19, and that death occurred at <b>2:45 am.</b> , from the causes and on the date stated above.	
23A. SIGNATURE <b>Jac. J. Julian Jr.</b> M.D.	
23B. ADDRESS <b>511 N. Schenck St.</b>	
23C. DATE SIGNED <b>7/27/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24B. DATE <b>July 24-1952</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Arbutus Mem. Pk.</b>	
24D. LOCATION (City, town, or county) (State) <b>Arbutus. Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 24 1952</b>	
REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>Earle Gilmore</b> ADDRESS <b>519 Moeher St.</b>	

52 1377

CERTIFICATE OF DEATH

IN THE DISTRICT OF COLUMBIA

1977

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARITAL STATUS

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS DRUG USE

PREVIOUS ALCOHOL USE

PREVIOUS TOBACCO USE

PREVIOUS OTHER

PREVIOUS OTHER

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530  
52 6878BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6878

Registered No.

BIRTH NO. .

1. NAME OF DECEASED  
(Type or Print)

William E. Smith

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

906 N. Charles Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

906 N. Charles Street

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 26, 1875

9. AGE (In years,  
last birthday)

76

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Ret. Musician

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

James Smith

14. MOTHER'S MAIDEN NAME

Sarah Olive

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Marjoria Smith, 906 N. Charles Street

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Heat Exhaustion

DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

Arteriosclerotic Cardiovascular Disease

10 yrs

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Parkinsonism

3 yrs

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1960, 19, to July, 1952, that I last saw the  
deceased alive on July 9, 1952, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 24 1952

Huntington Williams, M.D.

Wm. Gook-Dee

1217 St. Paul St.

ATTACH - 4 (2/27/1971)

552  
52 6879

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6879

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JOHN G. AMMEN HEUSER</b>			2. DATE OF DEATH <b>7/23/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>BEECHHILL HOME</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>6628 Harford Road</b>			C. CITY OF TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. Length of stay in Baltimore			E. STREET ADDRESS (If rural, give location) <b>1005 So. Albans Road</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 4, 1874</b>	9. AGE (in years last birthday) <b>78</b>	10. Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dentist</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Self employed</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore County, Md.</b>	
13. FATHER'S NAME <b>John Ammenheuser</b>			14. MOTHER'S MAIDEN NAME <b>Catherine Koch</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT ADDRESS <b>Viola Ammenheuser, 1005 So. Albans Rd.</b>	

18. <b>352X</b> and <b>E931.9</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>HEAT PROSTRATION</b>		CAUSE OF DEATH (A) <b>HEAT PROSTRATION</b> (B) <b>HEMIPLEGIA - LEFT</b> (C) <b>HEAT PROSTRATION</b>	INTERVAL BETWEEN ONSET AND DEATH <b>7/22/52</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Heat Prostration</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7/11/52</b> , 19 <b>52</b> , to <b>7/23/52</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7/22/52</b> , 19 <b>52</b> , and that death occurred at <b>8:20 A.</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Walter E. Kurlgis</b> M. O.		23B. ADDRESS <b>433. Harford Rd.</b>		23C. DATE SIGNED <b>7/23/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7/26/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Moreland Park</b>	
24D. LOCATION (City, town, or county) (State) <b>Parkeville, Maryland</b>		25. FUNERAL DIRECTOR ADDRESS <b>St. M. Cook, Inc., 1217 So. Paul St.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 24 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>			

VS 150  
N - 981-3

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE

*R. J. Fisher*

M.D.

CHIEF OR ASST. MEDICAL EXAMINER



320  
52 6880Lethco  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

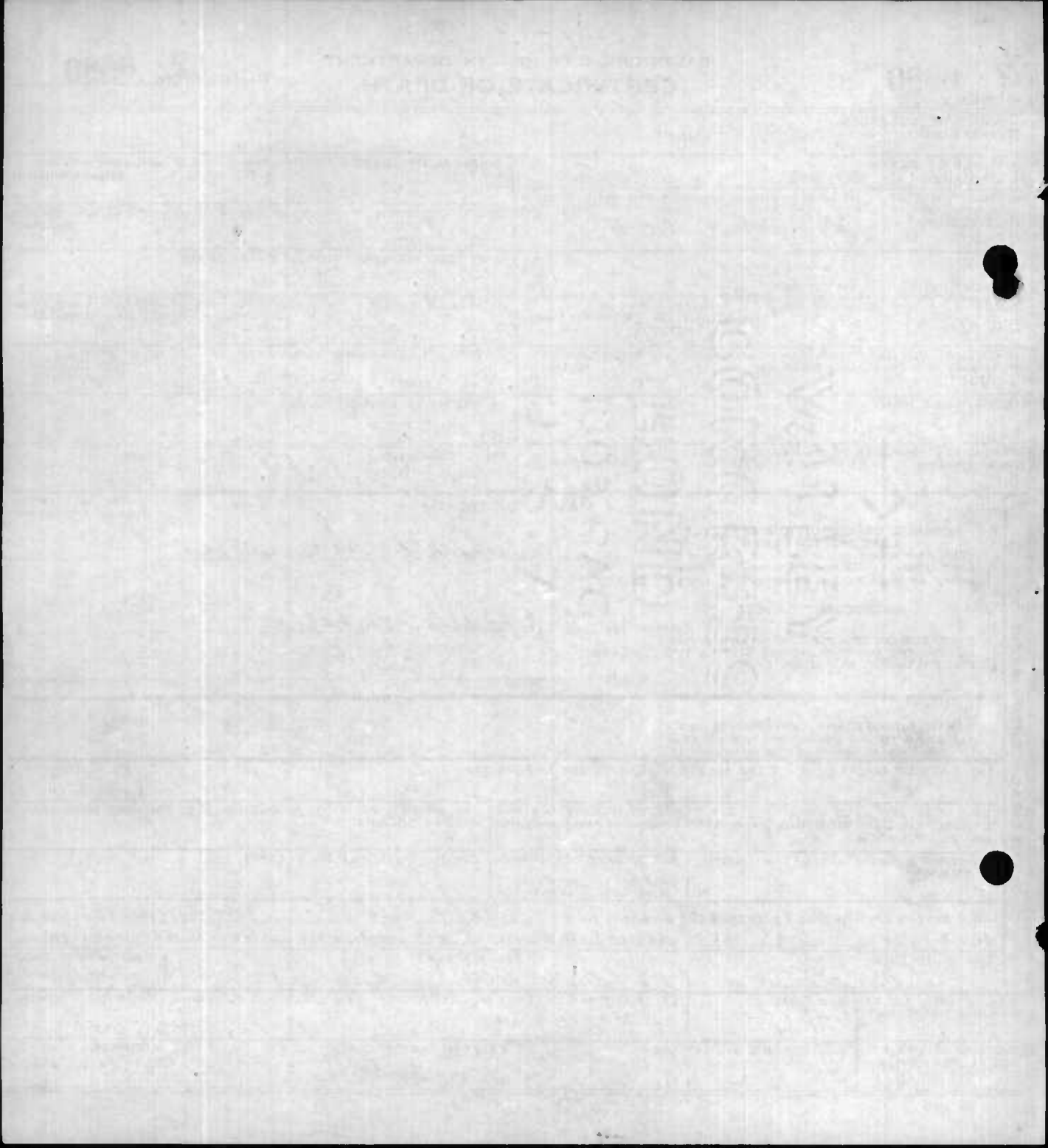
Registered No. 52 6880

1. NAME OF DECEASED (Type or Print) Edna Lethco			2. DATE OF DEATH July 22, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2918 E. Federal Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2918 E. Federal Street		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 26, 1909	9. AGE (in years last birthday) 42	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sorter		10B. KIND OF BUSINESS OR INDUSTRY Crown Cork & Seal Co.	11. BIRTHPLACE (State or foreign country) Belmont, North Carolina		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Limeberger			14. MOTHER'S MAIDEN NAME Clara D. Robinson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Betty Lethco, 2918 E. Federal Street		

18. 171X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Generalized Carcinomatosis DUE TO (B) Carcinoma of cervix DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/4, 1950, to 7/22, 1952, that I last saw the deceased alive on 6/25, 1952, and that death occurred at 4 <sup>th</sup> p.m., from the causes and on the date stated above.					
23A. SIGNATURE Christian S. Biddle		23B. ADDRESS 11W. Biddle St.		23C. DATE SIGNED 7/23/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) removal		24B. DATE 7/24/52		24C. NAME OF CEMETERY OR CREMATORY Charlotte	
				24D. LOCATION (City, town, or county) (State) Charlotte, North Carolina	

DATE RECEIVED BY LOCAL REGISTRAR JUL 24 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Wm. G. G. Co., 71217 St. Paul Street
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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6881

BIRTH NO.

1. NAME OF DECEASED  
(Type or-Print)

Louis H. Otto

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

115 W. Monument Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

115 W. Monument Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 27, 1885

9. AGE (In years  
last birthday)

67

If Under 1 Year  
Months; DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Butcher - Ret.

10B. KIND OF BUSINESS OR  
INDUSTRY

A. &amp; P. Food Stores

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Otto

GROCERIES

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Agnes E. Otto, 115 W. Monument Street

18. 193X

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## CAUSE OF DEATH

Cerebral Malignancy

INTERVAL BETWEEN  
ONSET AND DEATH

68 hrs.

MEDICAL CERTIFICATION

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1952 to July 1952, that I last saw the  
deceased alive on 7/19/52, 1952 and that death occurred at 10:45 m. 7/22/52 on the causes and on the date stated above.

23. SIGNATURE

Thomas C. Webster

M. D.

23B. ADDRESS

111 W. Monument St

23C. DATE SIGNED

7/23/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/25/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cemetery

24D. LOCATION (City, town, or county)

Baltimore County, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JUL 24 1952

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street

644 648 78

1881

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

1881

*[Faint, illegible handwritten text]*

RECEIVED BY THE BUREAU OF LAND MANAGEMENT  
U.S. DEPARTMENT OF THE INTERIOR  
WASHINGTON, D.C.  
JAN 10 1881

*[Faint, illegible handwritten text]*

563  
52 6882BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6882  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MR. PAUL BENSON LEONARD</b>			2. DATE OF DEATH <b>7-23-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>UNION MEMORIAL HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE-18</b>		
D. STREET ADDRESS (If rural, give location) <b>3711 GREENMOUNT AVE.</b>			E. LENGTH OF STAY IN BALTIMORE <b>LIFETIME</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC. 11, 1880</b>	9. AGE (In years, last birthday) <b>71</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>HOUSING AUTHORITY OF MD.</b>		
11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>MILLARD LEONARD</b>			14. MOTHER'S MAIDEN NAME <b>LOTTIE PENTZ</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>213-32-0258</b>		
17. INFORMANT <b>KATHERINE LEONARD</b>			ADDRESS <b>SAME</b>		

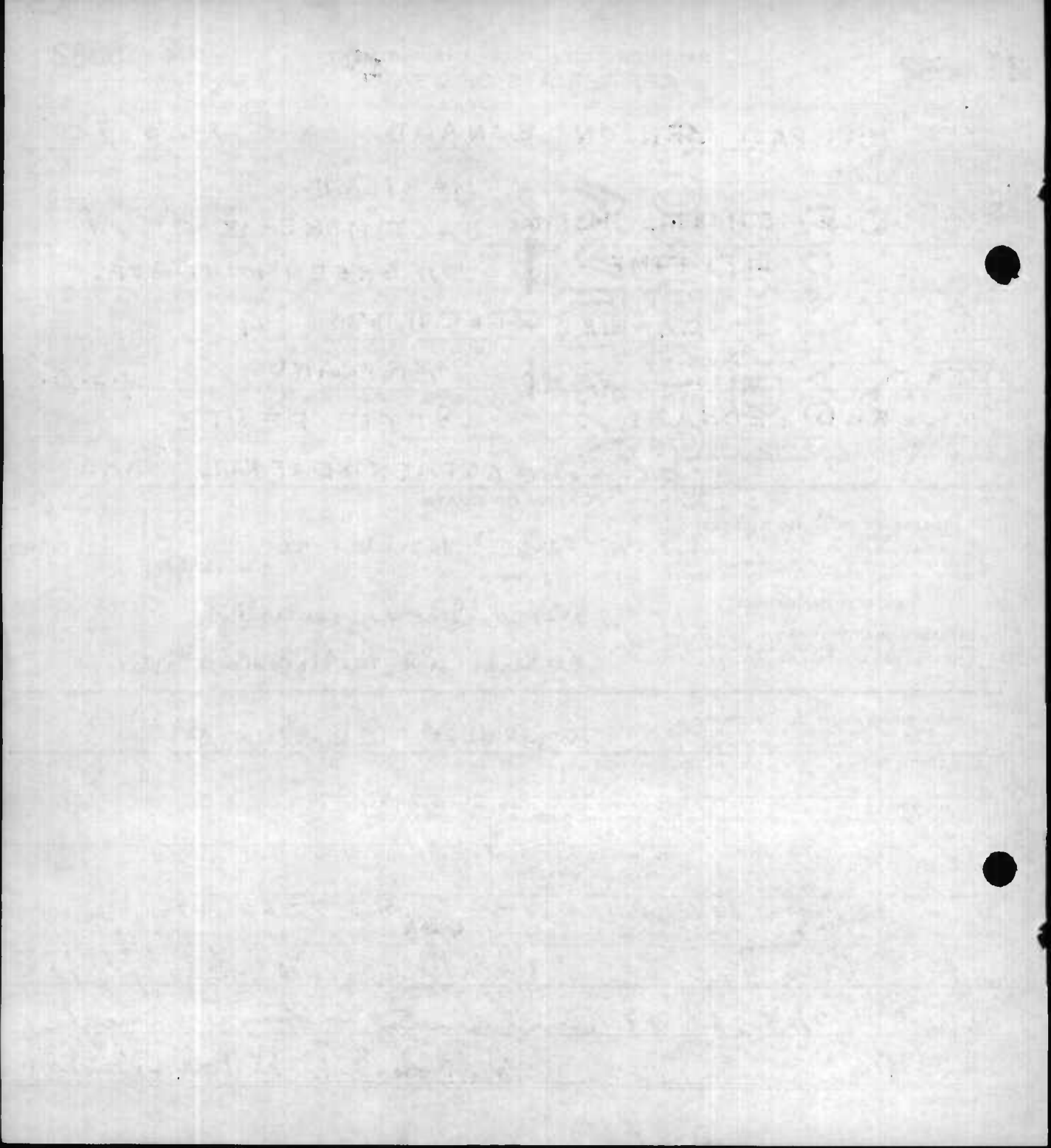
18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>cerebral vascular accident (multiple)</b> DUE TO <b>arteriosclerosis, generalized</b> <b>hypertensive cardiovascular disease.</b> DUE TO <b>myocardial infarction, old</b>	INTERVAL BETWEEN ONSET AND DEATH <b>19 days</b> <b>?</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>7-23-52</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7-4-52**, to **7-23-52**, that I last saw the deceased alive on **7-23-52**, and that death occurred at **6:28A** m., from the causes and on the date stated above.

23A. SIGNATURE **John G. Smith** M. D. **Union Memorial Hospital** **7/23/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/25/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 24 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>St. Paul + Preston</b>





535  
52 6883BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6883

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Frances P. Anton

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

618 East 33rd Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

618 East 33rd Street

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

August 11, 1862

9. AGE (In years  
last birthday)

89

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

P. Reinfelder

14. MOTHER'S MAIDEN NAME

A. Vees

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Charles Stegman, 618 East 33rd St.

18. 450.0 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Generalized arterio-sclerosis

Unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/3, 1950 to 7/22, 1952, that I last saw the  
deceased alive on 7/21, 1952, and that death occurred at 7:30 Pm., from the causes and on the date stated above.

23A. SIGNATURE

George W. Huntington Jr.

M. D.

23B. ADDRESS

1114 St. Paul St.

23C. DATE SIGNED

7/23/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

7/25/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. M. Cook, Inc. 107 St. Paul Street

ADDRESS

1953

1953

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

CERTIFICATE OF DEATH

1953

NAME

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

UNDERLYING CAUSE

PERMANENT CAUSE

TEMPORARY CAUSE

INTERMITTENT CAUSE

ACUTE CAUSE

CHRONIC CAUSE

TERMINAL CAUSE

PRELIMINARY CAUSE

FINAL CAUSE

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6884**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>CHARLES JOSEPH HIRSCH</b>			2. DATE OF DEATH <b>7/23/52</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>MD</b> b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) <b>UNION MEMORIAL HOSP.</b>			c. CITY OR TOWN (If outside corporate limits, write FULL name and give township) <b>BALTIMORE 27-48</b>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			d. STREET ADDRESS (If rural, give location) <b>5509 READY AVE</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	8. DATE OF BIRTH <b>MARCH 9, 1903</b>		9. AGE (In years last birthday) <b>49</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TRAFFIC REPRESENTATIVE</b>			11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
13. FATHER'S NAME <b>CHARLES B HIRSCH</b>			14. MOTHER'S MAIDEN NAME <b>PATRONILLA BUCK</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>212-03-1850</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			17. INFORMANT <b>WIFE</b>		
			ADDRESS <b>SAME</b>		

18. <b>434.3 and E 931.9</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>ASPIRATION</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
ANTECEDENT CAUSES <b>HEART PROSTRATION.</b>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>HEART DISEASE</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>HEART PROSTRATION</b> <b>HEART DISEASE</b>		

19a. DATE OF OPERATION <b>0</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **7/23**, 19**52**, to **7/23**, 19**52**, that I last saw the deceased alive on **7/23**, 19**52**, and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Wm. Dugan** M. D. **UNION MEMORIAL HOSP** 23b. ADDRESS **7/23/52** 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>7-26-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LODON PARK</b>	24d. LOCATION (City, town, or county) (State) <b>BALTO. MD.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 24 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>W. JENKINS &amp; SONS Co.</b>	ADDRESS <b>4905 YORK ROAD</b>
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NOT A MEDICAL EXAMINER'S CASE

*Robert Fisher*

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6885  
Registered No. \_\_\_\_\_

500  
6885  
BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>MARGARET ANN CAIN</b>			2. DATE OF DEATH <b>July 23 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md</b> B. COUNTY <b>Balto.</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>1305 Patterson Park av</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Towson</b>		
6. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>309 E. Joppa Rd 5355</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>N</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 2 1892</b>		9. AGE (In years last birthday) <b>80</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>Balto Md</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Edward Colgan</b>			14. MOTHER'S MAIDEN NAME <b>Ann Mc Gittigan</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <b>Wm. F. Cain</b>			ADDRESS <b>Same</b>		

18. <b>443X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  <b>BRUNCHO-PNEUMONIA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
(A) DUE TO  <b>ARTERIOSCLEROTIC, HYPERTENSIVE</b>		
(B) DUE TO <b>CARDIO-VASCULAR DISEASE</b>		
19. ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  <b>?</b>		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>None</b>		19B. MAJOR FINDINGS OF OPERATION <b>—</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **July 14, 1952**, to **July 23, 1952**, that I last saw the deceased alive on **July 23, 1952**, and that death occurred at **5 A.** m., from the causes and on the date stated above.

23A. SIGNATURE **Joseph F. Blumgren** M. D. 23B. ADDRESS **209 S. Chester St** 23C. DATE SIGNED **7/23/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 25 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral</b>	24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 24 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		FUNERAL DIRECTOR ADDRESS <b>206 4905 York Rd</b>

CERTIFICATE OF DEATH

CERTIFICATE OF DEATH



412  
6886BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6886  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Michael V. Wielepski</i>		2. DATE OF DEATH <i>July 22 1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>7-01</i>	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>D. O. A</i> <i>Baltimore City Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>Life</i>		d. STREET ADDRESS (If rural, give location) <i>619 N. Ellwood Ave</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>Aug 20 1901</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Fish Salesman</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>Morton Fish Co.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>George Wielepski</i>		14. MOTHER'S MAIDEN NAME <i>Rose</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>216-09-5997</i>	
		17. INFORMANT <i>Connie Phillips</i>	
		ADDRESS <i>619 N. Ellwood</i>	

18. <i>443 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>intra ventricular cerebral hemorrhage</i> CAUSE OF DEATH (A) DUE TO <i>hypertensive CVD</i> (B) DUE TO <i>severe obesity</i> (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>1 hr.</i> <i>20 yr?</i> <i>20 yr?</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 22, 1952</i> , to <i>July 22, 1952</i> , that I last saw the deceased alive on <i>July 22, 1952</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Burton V. Lock M.D.</i>		23b. ADDRESS <i>2936 E. Balto St.</i>		23c. DATE SIGNED <i>7/23/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>July 26/52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary Cemm</i>	
24d. LOCATION (City, town, or county) <i>Balta County</i>		24e. FUNERAL DIRECTOR <i>Huntington Williams, Jr.</i>		24f. ADDRESS <i>401 S. Chester St</i>	

2850

5

RECEIVED BY THE DIRECTOR

OFFICE OF THE DIRECTOR

2850

626

52 6887

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6887

BIRTH NO. 52-24424

1. NAME OF DECEASED  
(Type or Print)

David Lee Barker

2. DATE  
OF  
DEATH

July 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: Residence

A. STATE

Md.

B. COUNTY

(before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1123 N. Calver St

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Oct. 13, 1951

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

9 6

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Chester Barker

14. MOTHER'S MAIDEN NAME

Eileen Mc Donald

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 754.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital heart disease, cyanotic

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Immunity

DUE TO

(C) Mongolian idiot

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

William H. Hoot

CHIEF OF DIST. MED. CAL. EX. HOSP.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/23, 1952, to 7/23, 1952, that I last saw the deceased alive on 7/23, 1952, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Herman Pulatov

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7/23/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/26/52

24C. NAME OF CEMETERY OR CREMATORIUM

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

JUL 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul St

CERTIFICATE OF DEATH

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Age</p>		<p>4. Date of birth</p>	
<p>5. Place of birth</p>		<p>6. Usual residence</p>		<p>7. Date of death</p>		<p>8. Time of death</p>	
<p>9. Cause of death</p>		<p>10. Manner of death</p>		<p>11. Signature of physician</p>		<p>12. Signature of registrar</p>	
<p>13. Signature of informant</p>		<p>14. Signature of witness</p>		<p>15. Signature of coroner</p>		<p>16. Signature of jury</p>	

200  
52 6888BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6888

BIRTH NO.

1. NAME OF DECEASED *CLARA LULU FOX*  
(Type or Print)2. DATE OF DEATH *7/22/52*

## 3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE *Maryland General Hospital*4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE *Md* B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*Baltimore*D. STREET ADDRESS (If rural, give location)  
*1728 Linden Ave; #17*Length of stay in Baltimore *Life*Yrs.  
Mos.  
Days

5. SEX

*Female*

6. COLOR OR RACE

*white*

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
*married*

8. DATE OF BIRTH

*July 10, 1878*

9. AGE (In years last birthday)

*74*

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*H. W.*

10B. KIND OF BUSINESS OR INDUSTRY

*—*

11. BIRTHPLACE (State or foreign country)

*Md*

12. CITIZEN OF WHAT COUNTRY?

*U.S.A*

13. FATHER'S NAME

*Dorsey Campbell*

14. MOTHER'S MAIDEN NAME

*Susan Chaney*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Edward B. Fox, 1728 Linden Ave*18. *E900-0*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## CAUSE OF DEATH

(A) *Fracture of RT. femur*

DUE TO

## CERTIFICATION APPROVED BY

*William W. [Signature]*  
CHIEF OR ASST. MEDICAL EXAMINER

(B)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Hypertensive Heart disease, Cardiac-vascular failure. Broncho-pneumonia and pulmonary emboli with infarction*

19A. DATE OF OPERATION

*7/14/52*

19B. MAJOR FINDINGS OF OPERATION

*Fracture of the neck of Right femur*

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

*Accident*

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

*Home*

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

*1728 Linden Ave; #17. Balt.*

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

*7/7/52*

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

*Fell down the stairs 14/1*22. I hereby certify that I attended the deceased from *7/8*, 1952 to *7/22*, 1952 that I last saw the deceased alive on *7/22/52* and that death occurred at *10:30* m., from the causes and on the date stated above.

23A. SIGNATURE

*Lulu Bakhari*

M. D.

23B. ADDRESS

*Maryland General Hospital*

23C. DATE SIGNED

*7/23/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*7/25/52*

24C. NAME OF CEMETERY OR CREMATORY

*U. S. National*

24D. LOCATION (City, town, or county) (State)

*Baltimore, Maryland*

DATE RECEIVED BY LOCAL REGISTRAR

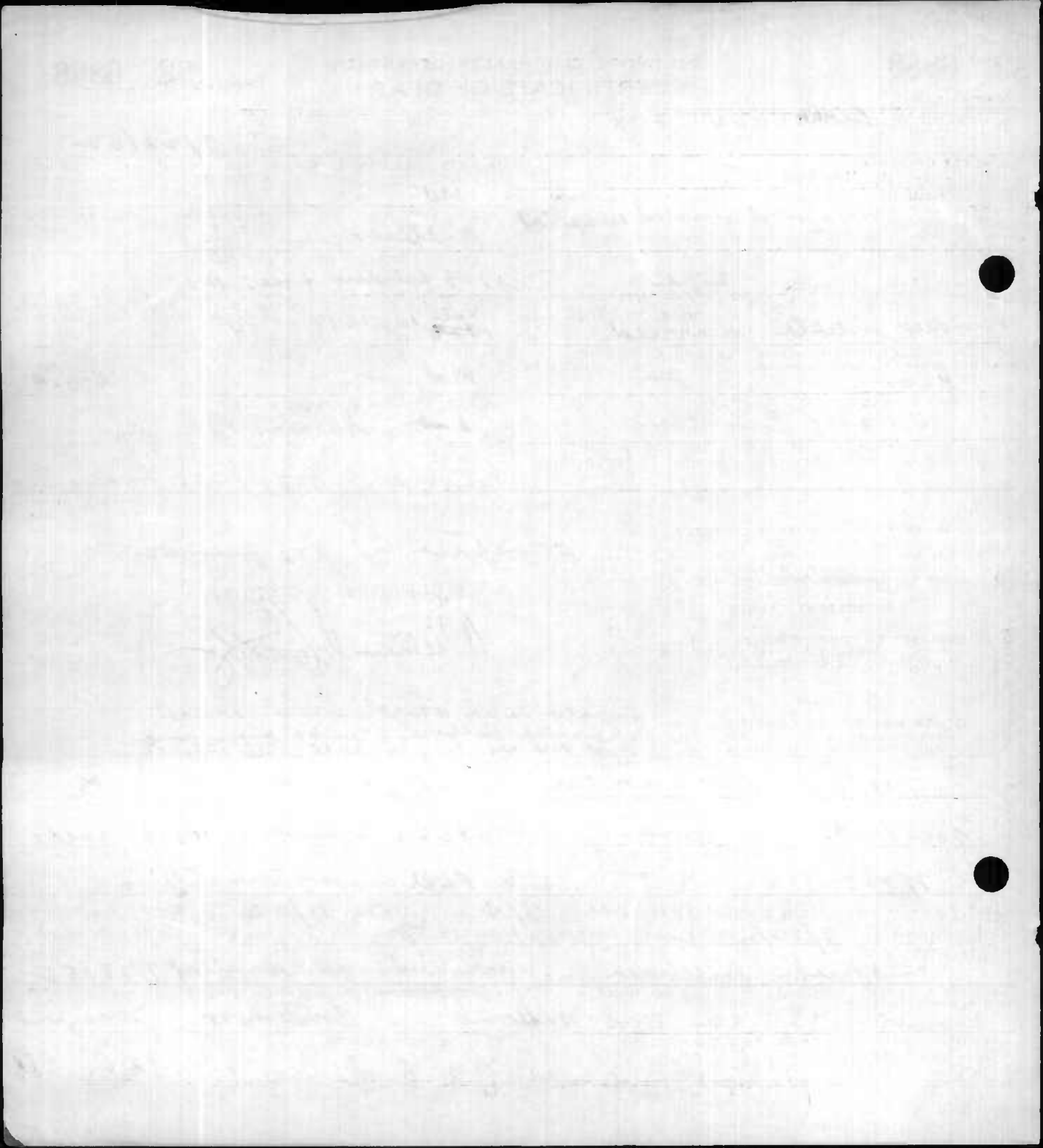
REGISTRAR'S SIGNATURE

*Huntington Williams, Jr.*

25. FUNERAL DIRECTOR

ADDRESS

*Wm. Gough, Inc. 1211 St. Paul St*





400  
52 6889BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6889

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>OSCAR MELI</b>			2. DATE OF DEATH <b>JULY-22-1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>940 S PACA ST</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>BALTIMORE MD</b>		
5. Length of stay in Baltimore <b>?</b>			D. STREET ADDRESS (If rural, give location) <b>940 S. PACA ST</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWER</b>	8. DATE OF BIRTH <b>NOV 29-1867</b>	9. AGE (In years last birthday) <b>84</b>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED PENSIONER</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>BALTO TRANSIT CO</b>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <b>JOHN MELI</b>			14. MOTHER'S MAIDEN NAME <b>NOT KNOWN.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>218-09-9359</b>	17. INFORMANT ADDRESS <b>MARY MELI 940 S PACA ST</b>		
18. <b>4 yr 1 and 931.9</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Cerebral Hemorrhage</b> DUE TO <b>Cerebral Arteriosclerosis</b> (B) <b>Arteriosclerotic Cardio-Vasc. Dis</b> DUE TO _____ (C) _____ INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Heat Exhaustion</b>					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>June</b> , 19 <b>52</b> , to <b>July 22</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>July 2</b> , 19 <b>52</b> , and that death occurred at <b>1 a m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>R. Kunkin</b>		23B. ADDRESS <b>400 N. Hilton St</b>		23C. DATE SIGNED <b>7/24/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>JULY-26-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>HOLY CROSS CEM</b>	
24D. LOCATION (City, town, or county) <b>AA Co</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, Baltimore</b>		ADDRESS <b>121 E West St</b>	

VS 150

N 981.3

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE

*R. J. Fisher*

M.D.

CHIEF OR ASS. MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6890  
Registered No.1. NAME OF DECEASED  
(Type or Print)

ROBERT

KUCHARCZYK

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Baltimore City Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3326 Fleet Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 3, 1921

9. AGE (In years  
last birthday)

30

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Working on line

10B. KIND OF BUSINESS OR  
INDUSTRY

National Brewery

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Kucharczyk

14. MOTHER'S MAIDEN NAME

Martha Barthowiak

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

W. W. 2

16. SOCIAL  
SECURITY NO.

213-14-8509

17. INFORMANT

ADDRESS

Mrs. Martha Kucharczyk, 3326 Fleet Street

18. 491X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER.....☒

July 23, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BUTIAL

7/26/52

Holy Rosary

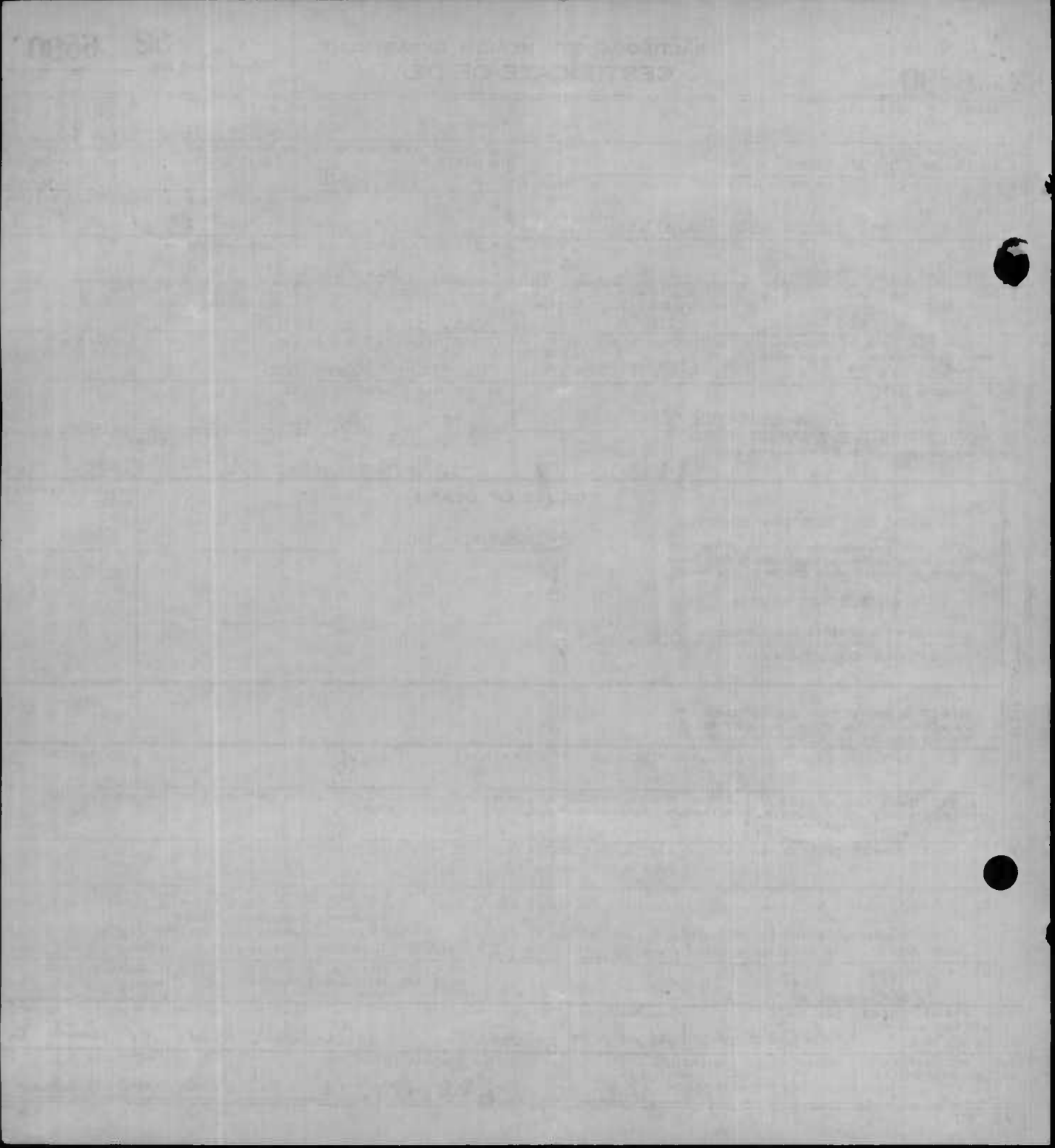
German Hill Rd Balto, Md

JUL 24 1952

Huntington

George A

Weber 705 S Gun



252  
6891

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6891

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>CLARA HOSKINS</b>			2. DATE OF DEATH <b>7-22-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTO</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNIVERSITY HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>		
D. STREET ADDRESS (If rural, give location) <b>745 W. FAIRMOUNT</b>			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>BLACK</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>4/6/1913</b>	9. AGE (In years last birthday) <b>39</b>	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>COPPERS CO.</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13. FATHER'S NAME <b>BISHOP BAKER</b>		14. MOTHER'S MAIDEN NAME <b>MARY BAKER</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT <b>BERNARD W. HOSKINS</b>	
18. ADDRESS <b>(SAME)</b>		19. ADDRESS <b>(SAME)</b>		20. ADDRESS <b>(SAME)</b>	

18. <b>626X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>HYPERPYREXIA</b> DUE TO <b>PERITONITIS</b> DUE TO <b>PELVIC INFLAMM. DISEASE</b>	INTERVAL BETWEEN ONSET AND DEATH <b>30 HRS</b> <b>5 DAYS</b> <b>?</b>
--	--

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  
**SURGERY DONE TO RELIEVE OBSTRUCTION.**

19A. DATE OF OPERATION <b>7-21-52</b>	19B. MAJOR FINDINGS OF OPERATION <b>MASSIVE PERITONITIS + ADHESIONS</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **July 21, 1952**, to **July 22, 1952**, that I last saw the deceased alive on **July 22, 1952**, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Bernard W. Hoskins</b>	23B. ADDRESS <b>University Hospital</b>	23C. DATE SIGNED <b>7-22-52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/29/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary Ant. Cedar Hill, Md.</b>	24D. LOCATION (City, town, or county) (State) <b>Cedar Hill, Md.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 24 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>W. E. Tolstead - 918 Fruit Hill Ave.</b>	ADDRESS <b>918 Fruit Hill Ave.</b>
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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6892  
Registered No.

630  
6892  
BIRTH NO.

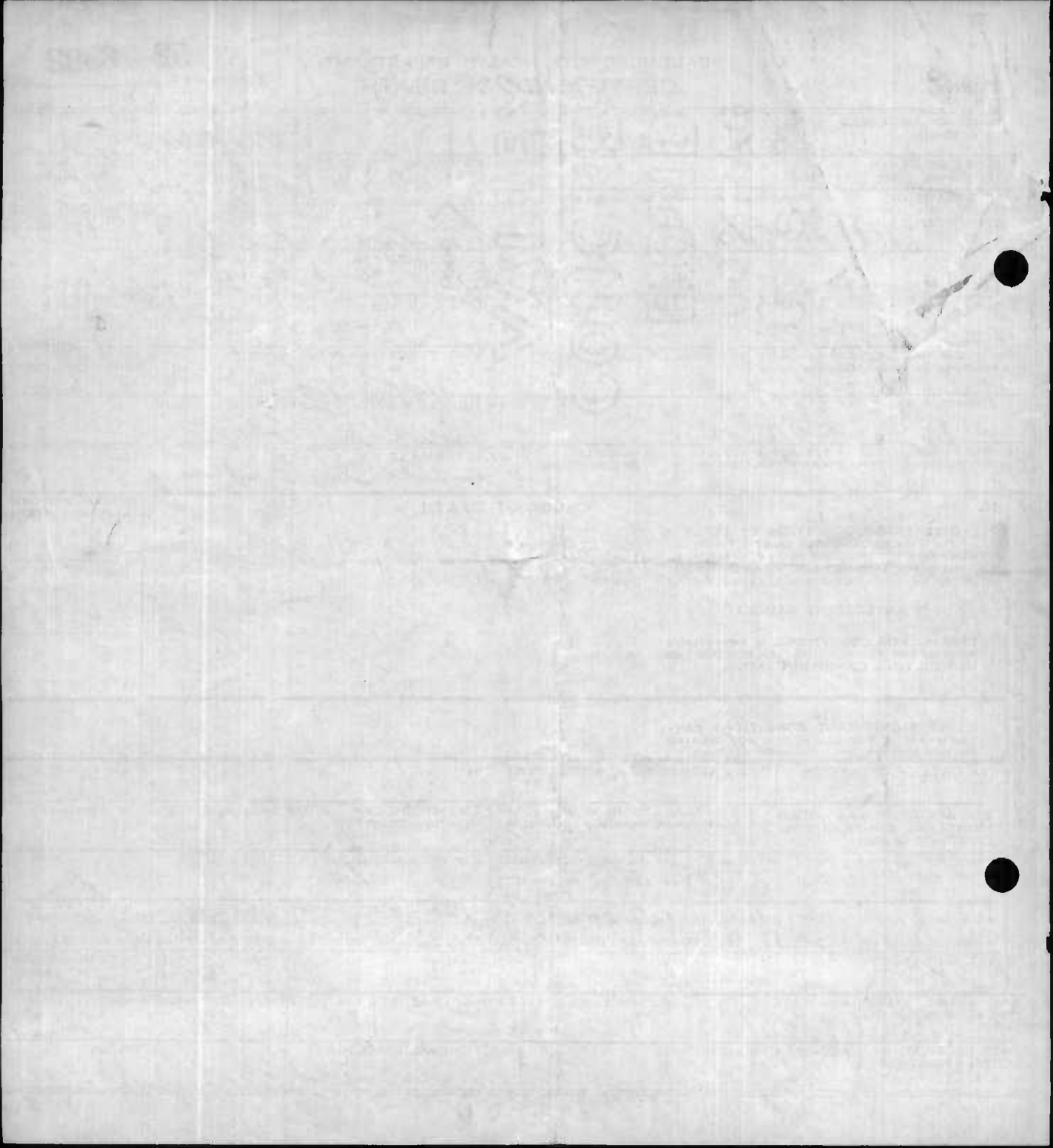
1. NAME OF DECEASED (Type or Print) <i>Lula Harrod</i>		2. DATE OF DEATH <i>July 20, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Sp. Cold Spring</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>2101- St. Cold Spring Lane</i>		C. CITY OR TOWN (If outside corporate limits, write R.U.R. and give township) <i>Baltimore</i>	
5. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2101- St. Cold Spring Lane</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>1893</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unemployed</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>59</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Wes Harrod</i>		14. MOTHER'S MAIDEN NAME <i>Sarah Harris</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Jessie Harrod-</i>		ADDRESS	

18. <i>35rx</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Herinflogia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
(A) DUE TO		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 15, 1952</i> to <i>July 20, 1952</i> , that I last saw the deceased alive on <i>July 15, 1952</i> , and that death occurred at <i>2305</i> ml, from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. R. Johnson</i>		23B. ADDRESS <i>4013 Med Arts Bldg</i>		23C. DATE SIGNED <i>7-20-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7/26/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	
24D. LOCATION (City, town, or county) <i>Thesport</i>		24E. (State) <i>Md.</i>		25. FUNERAL DIRECTOR <i>A. Halstead - 918 Spring Hill</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 24 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		ADDRESS <i>918 Spring Hill</i>	

MEDICAL CERTIFICATION

1952 JUL 20 6892



400  
52 6893  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6893

1. NAME OF DECEASED (Type or Print) <b>Sealy, Louise</b>			2. DATE OF DEATH <b>July 21, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>7-05</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1633 E. Madison Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. LENGTH OF STAY IN BALTIMORE <b>Yrs. Mos. Days</b>			O. STREET ADDRESS (If rural, give location) <b>1633 E. Madison Street</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1898</b>		9. AGE (in years last birthday) <b>54</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>William Smith</b>			14. MOTHER'S MAIDEN NAME <b>?</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			
18. <b>260X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive C. V. D.</b> DUE TO <b>(A)</b> ANTECEDENT CAUSES <b>(B)</b> <b>Diabetes Mellitus</b> DUE TO <b>(C)</b> <b>Hypertensive Diabetic Retinopathy</b>			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>March 24</b> , 19 <b>49</b> to <b>July 21</b> , 19 <b>52</b> that I last saw the deceased alive on <b>July 21</b> , 19 <b>52</b> , and that death occurred at <b>10:12 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>E. P. Coffey Jr.</b>		23B. ADDRESS <b>1400 N. Caroline Street</b>		23C. DATE SIGNED <b>July 22, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7/28/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Fordinham</b>	
24D. LOCATION (City, town, or county) (State) <b>Fordinham Md.</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, M.D. Walstead - 918</b>		ADDRESS <b>Prind Shipman</b>	

3029

37

10

10

520  
52 6894BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6894

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Virginia Jones

2. DATE  
OF  
DEATH

July 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16-03

D. STREET ADDRESS (If rural, give location)

1018 N. Mount St

Length of stay in Baltimore

10 wks.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 14, 1924

9. AGE (In years  
last birthday)

28

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Isaac Jefferson

11. BIRTHPLACE (State or foreign country)

Bradford Pa.

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Pauline Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 241X 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Bronchial Asthma

INTERVAL BETWEEN  
ONSET AND DEATH

18 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/20, 1952, to 7/20, 1952, that I last saw the  
deceased alive on 7/20, 1952, and that death occurred at 11:15 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

July 25, 1952

Arbutus New Park Arbutus Md.

Arbutus Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

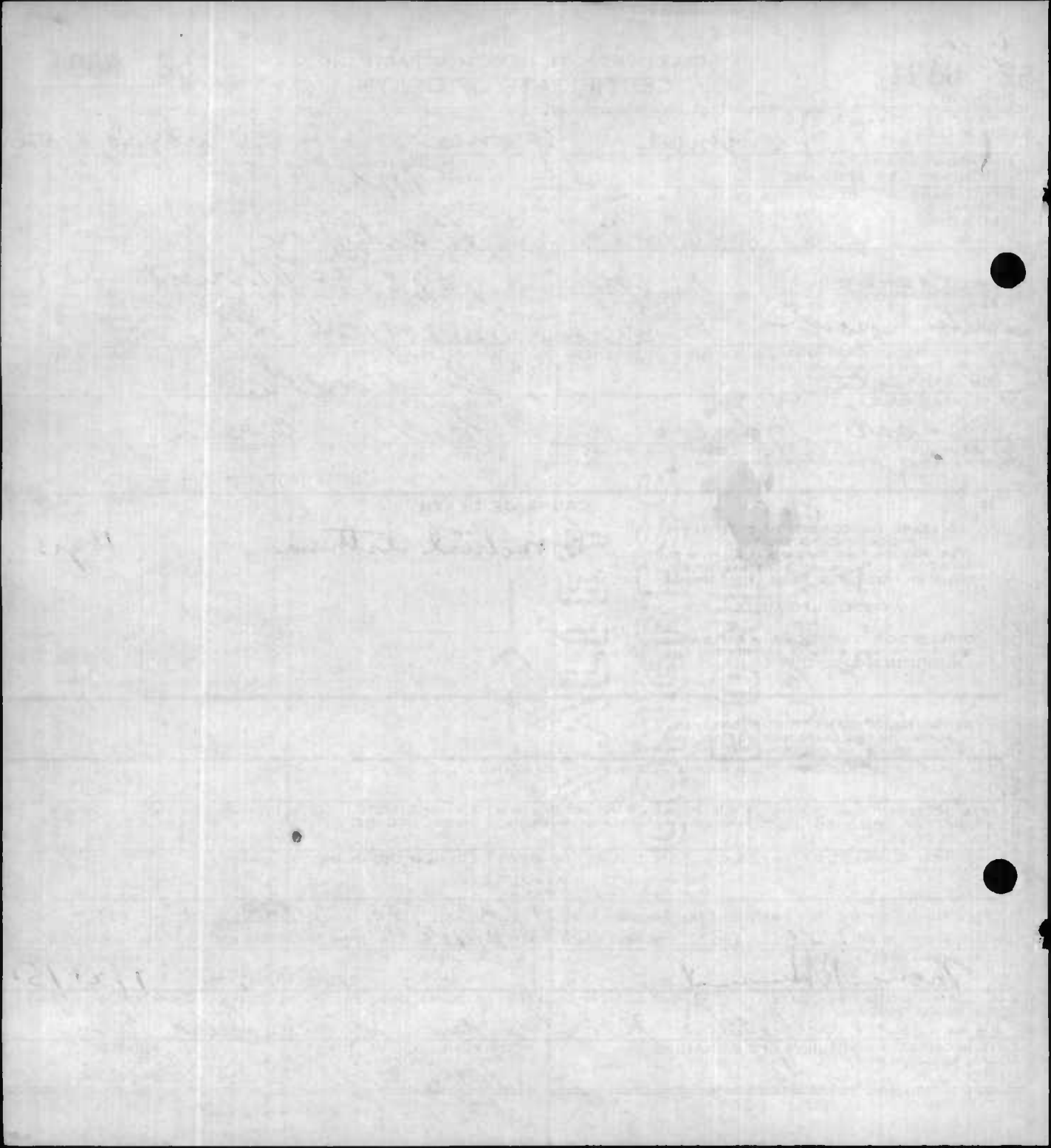
ADDRESS

JUL 24 1952

Huntington Williams, Jr.

McGuffey &amp; Ellinger

7/21/52





523  
52 6895  
BIRTH NO. 52-12076

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6895

1. NAME OF DECEASED (Type or Print) <b>CAROLYN WINGATE</b>		2. DATE OF DEATH <b>July 21, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>Johns Hopkins Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>915 Shuter Street</b>		5. DATE OF BIRTH <b>May 29, 1922</b>	
6. SEX <b>female</b>		7. AGE (In years last birthday) <b>1/2</b>	
8. COLOR OR RACE <b>colored</b>		9. Under 1 Year Months Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. FATHER'S NAME <b>Albert Wingate</b>		12. CITIZEN OF WHAT COUNTRY?	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <b>Eva</b>	
15. SOCIAL SECURITY NO.		16. INFORMANT <b>Eva Wingate</b>	
17. ADDRESS <b>915 Shuter St</b>			

18. <b>053.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Septicemia</b> DUE TO <b>staph. albus (hemolytics)</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <b>[Signature]</b>		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>July 22, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 24, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>A.A. County Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 24 1952</b>		25. FUNERAL DIRECTOR <b>Mr. A. E. Ellwood</b> ADDRESS <b>1129 N. Caroline St</b>		



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6896**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Will Moore*

2. DATE  
OF  
DEATH

*7/23/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*Franklin Square Hosp*

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

*M*

6. COLOR OR RACE

*C*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Labor*

10B. KIND OF BUSINESS OR INDUSTRY

*J.S. Young Co*

13. FATHER'S NAME

*Tom. Moore*

14. MOTHER'S MAIDEN NAME

*Hettie Foster*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

*yes*

16. SOCIAL SECURITY NO.

*would war #1*

17. INFORMANT

ADDRESS

*Mar L. Laines Clay 1713 Oliver St*

18. *331X I*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

*Cerebro Vascular Accident*

*6 hrs.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

*Generalized Arteriosclerosis*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Gastric Ulcer.*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

*Walked off perforation Gastric Ulcer*

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *7/7*, 19*52*, to *7/23*, 19*52*, that I last saw the deceased alive on *7/22*, 19*52*, and that death occurred at *2:35* a.m., from the causes and on the date stated above.

23A. SIGNATURE

*Robert G. Chamberlain M.D.*

23B. ADDRESS

*Franklin Square Hosp*

23C. DATE SIGNED

*7/23/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

*Removal July 25/52*

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

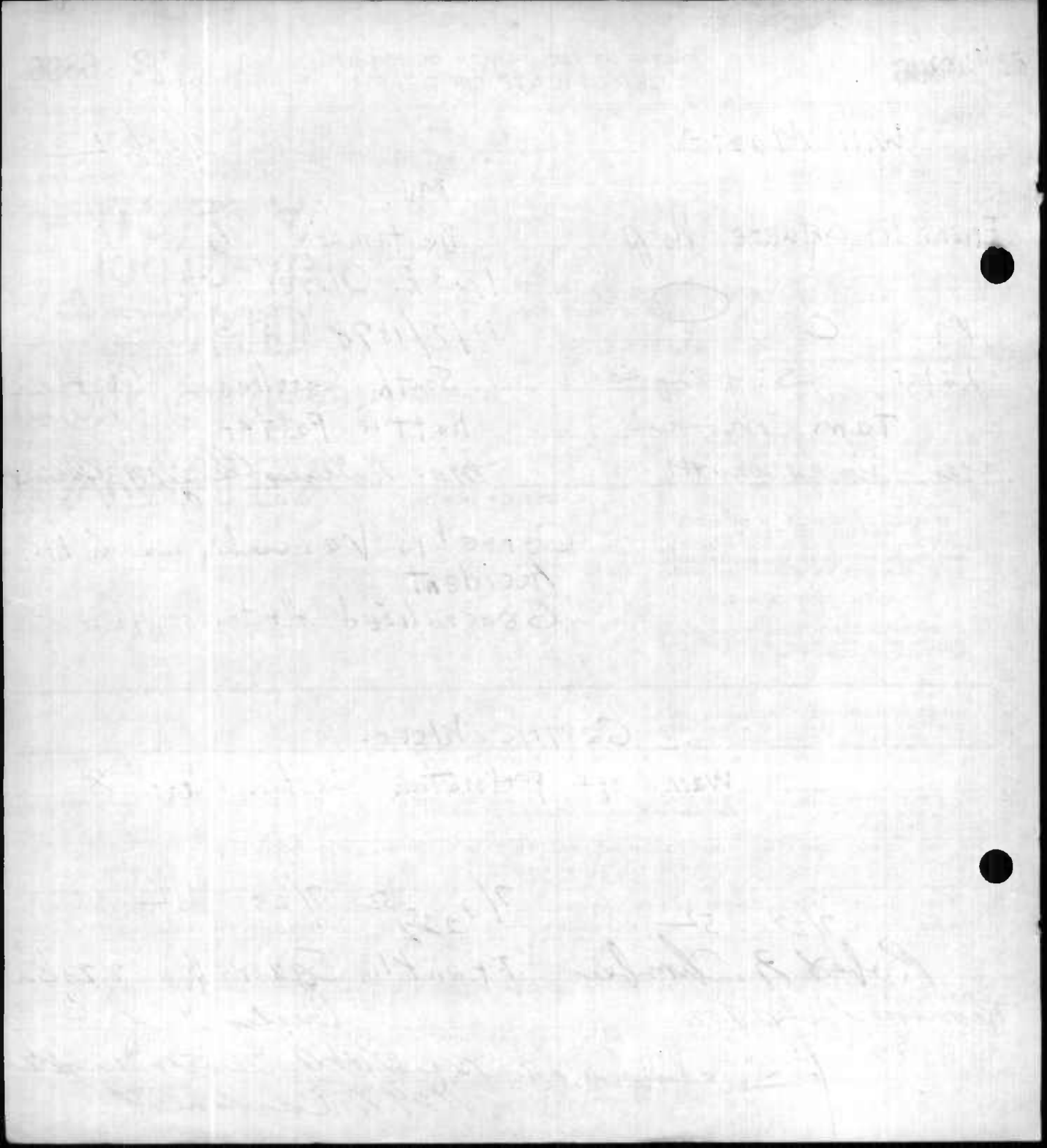
ADDRESS

*JUL 24 1952*

*Huntington Williams, M.D.*

*Mrs. Robert G. Chamberlain & daughter*

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6897**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**John Lucius Sellers**

2. DATE  
OF  
DEATH

**7/23/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland** B. COUNTY **Baltimore**

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

**University Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**322 N. Green St.**

Length of stay in Baltimore

5. SEX

**M**

6. COLOR OR RACE

**C**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**Feb 14 1915**

9. AGE (in years last birthday)

**37**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Laborer**

10B. KIND OF BUSINESS OR INDUSTRY

**gen**

11. BIRTHPLACE (State or foreign country)

**S. Carolina**

12. CITIZEN OF WHAT COUNTRY?

**U.S.**

13. FATHER'S NAME

**Charles Sellers**

14. MOTHER'S MAIDEN NAME

**Cassie Webb**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. **7888**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hyperthermia**

**1 hour**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **7/23**, 1952, to **7/23/52**, 1952, that I last saw the deceased alive on **7/23/52**, 1952, and that death occurred at **10 p m.**, from the causes and on the date stated above.

23A. SIGNATURE

**George H. Smith**

M. D.

23B. ADDRESS

**University Hosp.**

23C. DATE SIGNED

**7/23/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

**Removal July 24/52**

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

**Greenboro S. C.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**JUL 24 1952**

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS

**Mrs. Rott G. Elliott & Daughters**





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6898  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JAMES FOSTER</b>		2. DATE OF DEATH <b>July 22, 1952</b>	
3. PLACE OF DEATH: a. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>Johns Hopkins Hospital</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <b>917 N. Central Avenue</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 17</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen.</b>	9. AGE (In years last birthday) <b>42</b>
13. FATHER'S NAME <b>Willie Foster</b>		12. CITIZEN OF WHAT COUNTRY? <b>Va</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT ADDRESS <b>Ada Epps 2026 E Buddist</b>	
16. SOCIAL SECURITY NO. <b>213-07-3247</b>		12. CITIZEN OF WHAT COUNTRY? <b>Helena</b>	

18. <b>443X</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive cardiovascular disease</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>[Signature]</b>	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED <b>July 22, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 25/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Wm. Calvary Cem.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>506 24 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	24D. LOCATION (City, town, or county) (State) <b>A.A. County Md</b>
25. FUNERAL DIRECTOR <b>Miss. R. A. Elliott, Daughter</b>		ADDRESS <b>97099 1129 N. Caroline St</b>



650  
52 6899

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6899  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Maggie Green

2. DATE  
OF  
DEATH

July 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write FULL and give township)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1829 E. Eager St.

D. STREET ADDRESS (If rural, give location)

1829 E. Eager St.

C. Length of stay in Baltimore

22 yrs.

Yrs.  
Mos.  
Days

5. SEX

7.

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 28, 1885

9. AGE (In years last birthday)

66

11 Under 1 Year  
Months: Days

11 Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Crewe Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert Holloway

14. MOTHER'S MAIDEN NAME

Mollie?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Erma Green

18. 447X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic card. - Vascular Disease

INTERVAL BETWEEN ONSET AND DEATH

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July 20, 1952, to July 23, 1952, that I last saw the deceased alive on July 22, 1952 and that death occurred at 7:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Wesley Leroy Berrey

M. O.

23B. ADDRESS

1420 E. Chase St.

23C. DATE SIGNED

7.24.52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

July 26, 52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Crewe Va

DATE RECEIVED BY LOCAL REGISTRAR

JUL 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Portia G. Elliott, Daughter

ADDRESS

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Date of registration		12. Office of registration	

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6900  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Alfred Bryon Loest (Moore)</b>		2. DATE OF DEATH <b>July 21/52</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland Balto. Md.</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Balto. Md.</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>1109 Wilmot Ct.</b>		C. CITY OR TOWN (If outside corporate limits, write "R.R." and give township) <b>Balto. Md.</b>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>1109 Wilmot Court</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 10, 1885</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ticket Taker</b>		11. BIRTHPLACE (State or foreign country) <b>P. Cumberland Md.</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>Legal Moving Picture</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Loest</b>		14. MOTHER'S MAIDEN NAME <b>Anna Moore Loest</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <b>218-01-8111A</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		17. INFORMANT ADDRESS <b>Mrs. Catherine Moore 1109 Wilmot Court</b>	

18. <b>CAUSE OF DEATH</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 yr. 5 yr.??</b>
(A) <b>chronic congestive heart failure</b> DUE TO		
(B) <b>Pulmonary TB</b> DUE TO <b>malnutrition</b>		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Feb</b> , 19 <b>51</b> , to <b>July</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>July 19, 1952</b> , and that death occurred at <b>9:30 P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Burton V. Lock</b>		23B. ADDRESS <b>2936 E Balto St</b>		23C. DATE SIGNED <b>7/23/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 24/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>		24E. FUNERAL DIRECTOR <b>Philip H. Hargis</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 24 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		ADDRESS <b>2024 Orleans St.</b>	

0000 8

RECEIVED BY THE  
UNITED STATES OF AMERICA

02

UNITED STATES OF AMERICA





300  
52 6901BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6901  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Wood, Robert Edward</u>		2. DATE OF DEATH <u>July 23, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore, Maryland</u> B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Home for Incurables - 700 W. 40th St.</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> D. STREET ADDRESS (If rural, give location) <u>700 W. 40th St.</u>	
5. LENGTH OF STAY IN BALTIMORE <u>30 yrs.</u>		Yrs. Mos. Days	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 1, 1901</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Cons.</u>	9. AGE (In years last birthday) <u>51 yrs.</u>
13. FATHER'S NAME <u>Robert Edward Wood</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Maryland</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <u>Ade Bell Devilbiss</u>	
17. INFORMANT <u>Mrs. Mabel A. Barranco-1212 Argonne Dr.</u>		ADDRESS	

18. <u>42 yr. 1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <u>Cerebral Hemorrhage</u> DUE TO <u>Arteriosclerotic Cardiac Vaso Disease</u> (B) <u>Post Encephalitic Parkinsonism</u> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <u>about 1 hour</u> <u>5 years ±</u> <u>30 years</u>
---	---	--

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 8<sup>th</sup>, 1940, to July 23<sup>rd</sup>, 1952, that I last saw the deceased alive on July 21<sup>st</sup>, 1952, and that death occurred at 6<sup>30</sup> a.m., from the causes and on the date stated above.

23A. SIGNATURE <u>T. C. Wiley</u>		23B. ADDRESS <u>11 E. Chase St. Baltimore 2</u>		23C. DATE SIGNED <u>7/23/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>7/26/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Loudon Park Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto., Md.</u>		24E. DATE RECEIVED BY LOCAL REGISTRAR <u>JUL 24 1952</u>		24F. REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	
24G. FUNERAL DIRECTOR'S ADDRESS <u>Balto 17, Md.</u>		24H. FUNERAL DIRECTOR'S SIGNATURE <u>J. S. Schor</u>		24I. FUNERAL DIRECTOR'S ADDRESS <u>Balto 17, Md.</u>	

Received of the  
Attorney General  
for the United States  
30 pages

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6902**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Multon John Serbe</i>			2. DATE OF DEATH <i>7-22-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Md</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>806 Hollins St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
D. STREET ADDRESS (If rural, give location) <i>806 Hollins St.</i>			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>divorced</i>	8. DATE OF BIRTH <i>Sept. 28, 1905</i>	9. AGE (In years last birthday) <i>46</i>	If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>correspondent</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>newspaper</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <i>Max J. Serbe</i>			14. MOTHER'S MAIDEN NAME <i>Eleanora Kronenberg</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS <i>Mr. Max J. Serbe - 806 Hollins St.</i>		

<p>18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center"><b>CAUSE OF DEATH</b></p> <p>(A) <i>Coronary Thrombosis</i> DUE TO</p> <p>(B) <i>Coronary Disease</i> DUE TO</p> <p>(C) _____</p>	<p>INTERVAL BETWEEN ONSET AND DEATH <i>1 da</i></p> <p><i>1 yr</i></p>

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>7/21</i> , 19 <i>52</i> , to <i>7/22</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>7/22</i> , 19 <i>52</i> , and that death occurred at <i>9:50</i> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Joseph E. Lautkaitis</i>		23B. ADDRESS <i>679 Washington Blvd</i>		23C. DATE SIGNED <i>7/23/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Entombment</i>	24B. DATE <i>7/26/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Mausoleum</i>	24D. LOCATION (City, town, or county) (State) <i>Woodlawn, Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 24 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm. J. Schenker &amp; Sons</i>	

MEDICAL CERTIFICATION

1900

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6903**

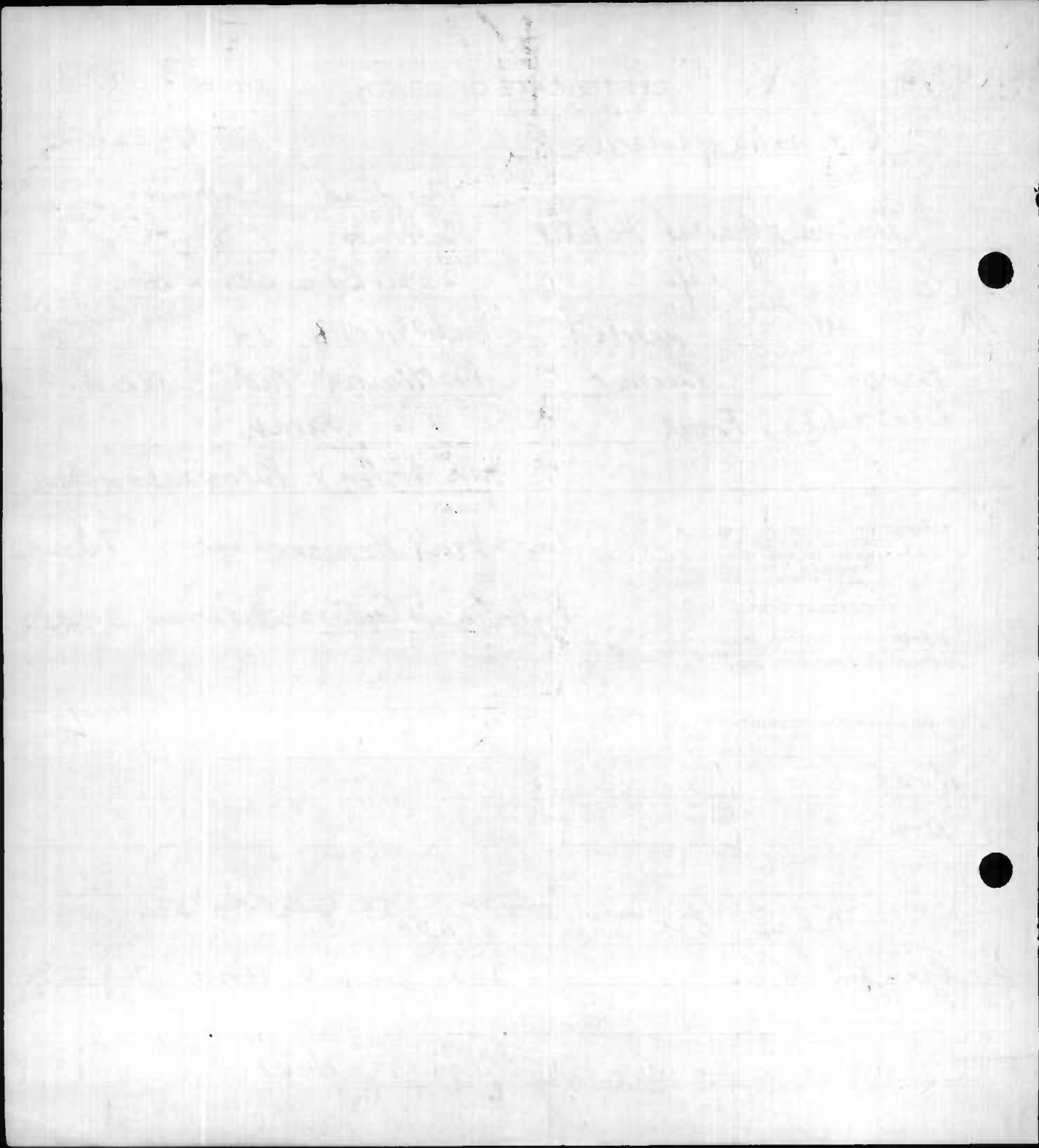
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Brosnahan, Charles P.</b>		2. DATE OF DEATH <b>7-22-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Maryland General Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore <b>Life</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2336 Edmonds on Ave</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>March 29, 1878</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Barber</b>	9. AGE (In years last birthday) <b>74</b>
13. FATHER'S NAME <b>Brosnahan, Frank</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore Md</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>none</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Wife Helen V. Brosnahan above</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>443X1</b>		CAUSE OF DEATH (A) <b>Cerebral Hemorrhage</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b>		DUE TO (B) <b>Hypertension in Cardiovascular Disease</b>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		DUE TO (C)	
19A. DATE OF OPERATION <b>None</b>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>None</b>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			

MEDICAL CERTIFICATION

22. I hereby certify that I attended the deceased from **July 22, 1952**, to **July 22, 1952**, that I last saw the deceased alive on **July 22, 1952**, and that death occurred at **11:50 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>E. J. Lin</b>	23B. ADDRESS <b>Md. General Hosp.</b>	23C. DATE SIGNED <b>July 22 '52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/25/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cem.</b>
24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Md.</b>	25. FUNERAL DIRECTOR <b>Wm. J. Pickner &amp; Sons</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 24 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	ADDRESS <b>7408 F. Bulto 17, Md.</b>





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6904  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOSEPH E. MITCHELL

2. DATE  
OF  
DEATH

July 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION 3047 Guilford Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write R.U.M., and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

3047 Guilford Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 23, 1877

9. AGE (In years  
last birthday)

74

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Supt. Motor Service (rtd)

10B. KIND OF BUSINESS OR  
INDUSTRY

U.S. Postal Service

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Joseph C. Mitchell

14. MOTHER'S MAIDEN NAME

Mary E. Hubbard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. May A. Mitchell - 3047 Guilford Ave.

1B. 153X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Terminal Pneumonia  
Carcinoma

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Carcinoma of sigmoid

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1952, 1952, that I last saw the  
deceased alive on July 22, 1952 and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/26/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 24 1952

Huntington Williams, M.D. & Son  
29090  
Baltimore, Md.

STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

IN SENATE

JANUARY 1, 1900

REPORT OF THE COMMISSIONERS OF THE LAND OFFICE

ALBANY:

1900

325  
52 6905BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6905

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GUYON J. KITZMILLER

2. DATE  
OF DEATH July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

2024 N. Washington St.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Linotype Operator

10B. KIND OF BUSINESS OR  
INDUSTRY

-

13. FATHER'S NAME

Jacob Kitzmiller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

PRINTING

8. DATE OF BIRTH

Dec. 17, 1885

9. AGE (In years  
last birthday)

66

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Margaret Sandoe

17. INFORMANT

ADDRESS

Mrs. Elizabeth B. Kitzmiller-2024 N. Wash

## CAUSE OF DEATH

18. 420 1 1  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

2 yrs

1 day

3 yrs

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1950, to July 22, 1952, that I last saw the  
deceased alive on July 22, 1952 and that death occurred at 9:50 Pm., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

7/25/52

24C. NAME OF CEMETERY OR CREMATORY

Evergreen Cem.

24D. LOCATION (City, town, or county) (State)

Gettysburg, Pa.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 24 1952

Huntington Williams

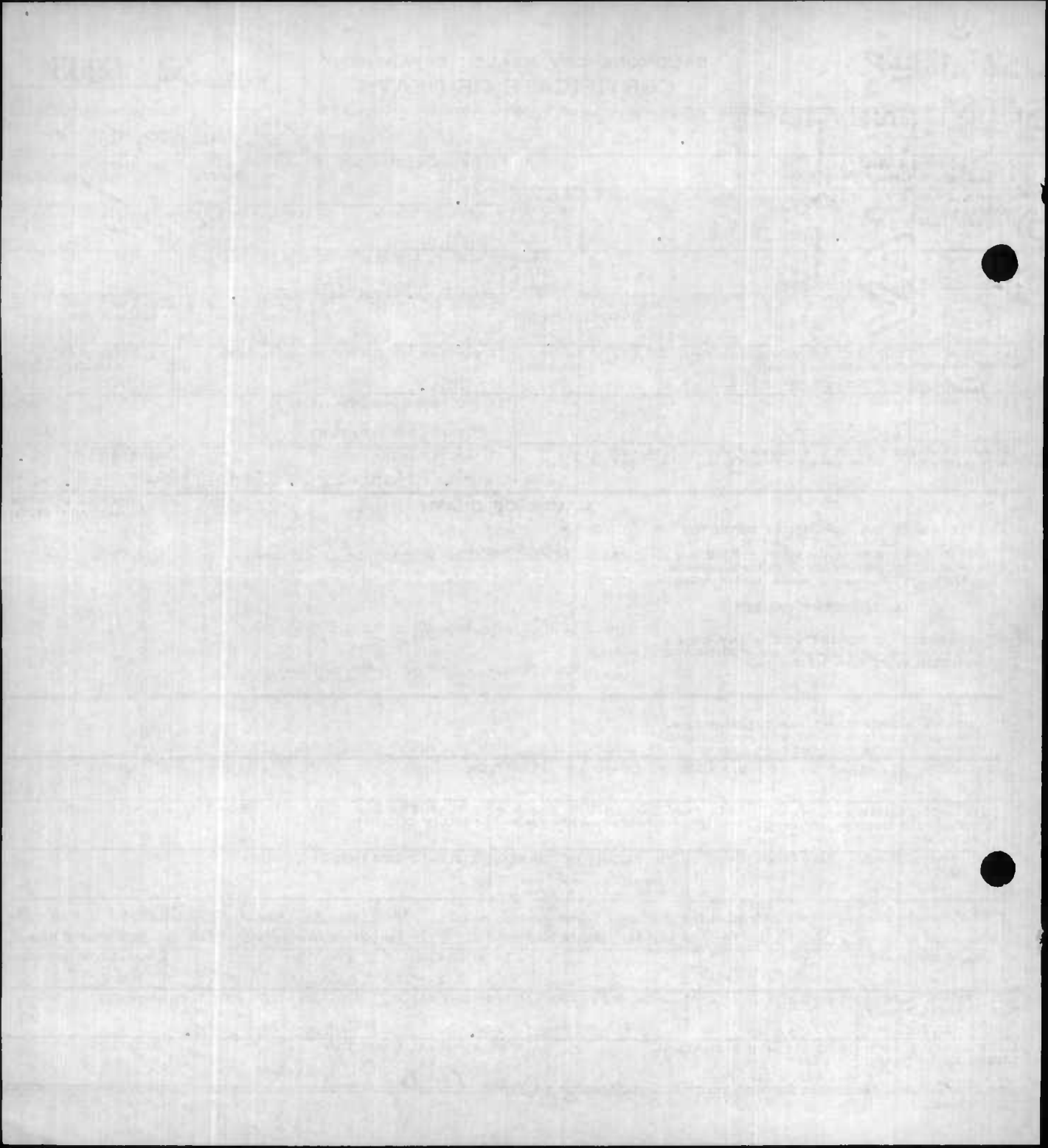
Kane, Lockner &amp; Sons

VS 150

51244

Baltimore, Md.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6906**

**BIRTH NO. 52 6906**

1. NAME OF DECEASED (Type or Print) <b>WYMAN KELLY</b>		2. DATE OF DEATH <b>July 23, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Franklin Square Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore <b>3 years, 3 mos.</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2532 W. Fayette Street</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Nov. 13, 1918.</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer,</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Beckers Pretzel Co.</b>	11. BIRTHPLACE (State or foreign country) <b>South Carolina</b>
13. FATHER'S NAME <b>Wyman W. Kelly.</b>		14. MOTHER'S MAIDEN NAME <b>Amanda Fitzpatrick.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No.</b>	(If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Amanda Poggie, 2532 W. Fayette St.</b>

18. <b>E 931.8</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Heat prostration</b> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Alley</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Rear of 2536 W. Fayette Street 20/2</b>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>July 22-23, 1952 ? m.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Exhaustion from heat</b>			
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William Chubb</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>July 23, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 26, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Louden Park</b>	24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 24 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington</i>	25. FUNERAL DIRECTOR <i>R. Howard</i>		ADDRESS <b>1400 S. Charles St.</b>	

V S 151 **N 981.3**

**97644**

Correct age is especially important. Physicians, please use causes of death clearly and legibly.

MEDICAL CERTIFICATION

2000 9/15

CONFIDENTIAL

1000





420  
52 6907  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6907

1. NAME OF DECEASED (Type or Print) <i>Margaret A. Gilch</i>		2. DATE OF DEATH <i>July 22, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>414 E. Cross St. Balto</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Harford</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Balto</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>414 E. Cross St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Feb. 6, 1872</i>
9. AGE (In years last birthday) <i>80</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	
11. BIRTHPLACE (State or foreign country) <i>Balto</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Isaac Dixon</i>		14. MOTHER'S MAIDEN NAME <i>Mary Rogers</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT <i>John Gilch</i>		ADDRESS <i>414 E. Cross St</i>	
18. <i>4221 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardiac Decompensation</i> DUE TO <i>arterio sclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May</i> , 1948, to <i>July 21</i> , 1952, that I last saw the deceased alive on <i>April</i> , 1952, and that death occurred at <i>2:45 P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Dennis J. Gault</i>		23B. ADDRESS <i>E. Randall</i>	
23C. DATE SIGNED <i>7/23/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>July 26, 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Balto Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 24 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
FUNERAL DIRECTOR <i>A. J. Howard</i>		ADDRESS <i>1400 S. Charles</i>	

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6908**

**BIRTHING**

**1. NAME OF DECEASED**  
(Type or Print)

**Geradien, Brother F. S. C. (Felix Mallon)**

**2. DATE**

**OF DEATH July 24, 1952**

**3. PLACE OF DEATH:**

**A. Baltimore City, Maryland**

**8. FULL NAME OF HOSPITAL OR INSTITUTION** (If not in hospital or institution, give street address or location)

**St. Joseph's Hospital**

Yrs.  
Mos.  
Days

**Length of stay in Baltimore**

**5. SEX**

**Male**

**6. COLOR OR RACE**

**White**

**7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)**

**Single**

**4. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)

**A. STATE**

**Maryland**

**B. COUNTY**

**Prince George's** (If outside corporate limits, write RURAL, and give township)

**C. CITY OR TOWN**

**Ammendale**

**D. STREET ADDRESS** (If rural, give location)

**Beltsville Post Office**

**8. DATE OF BIRTH**

**12/25/81**

**9. AGE (in years last birthday)**

**70**

**10 Under 1 Year Months: Days**

**11 Under 24 Hours Hours: Min.**

**10A. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)

**Religious**

**10B. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE (State or foreign country)**

**Ireland**

**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME**

**Patrick Mallon**

**14. MOTHER'S MAIDEN NAME**

**Ann Mc Nally**

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no or unknown) (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**

**17. INFORMANT**

**ADDRESS**

**W. W. Chambers Co., Riverdale, Maryland**

**18. E931.91**

**CAUSE OF DEATH**

**INTERVAL BETWEEN ONSET AND DEATH**

**DISEASE OR CONDITION DIRECTLY LEADING TO DEATH**

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

**(A) Terminal bronchopneumonia**

**DUE TO**

**ANTECEDENT CAUSES**

**DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.**

**(B) Heat exhaustion**

**DUE TO**

**(C)**

**II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

*Heat exhaustion*

**19A. DATE OF OPERATION**

**19B. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?**

**YES ☐ NO ☒**

**21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH**

**21B. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.)

**21C. WHERE DID INJURY OCCUR?** (If in Baltimore City, give exact location)

**21D. TIME (Month) (Day) (Year) (Hour) OF INJURY**

**21E. INJURY OCCURRED**

**21F. HOW DID INJURY OCCUR?**

**WHILE AT WORK ☐ NOT WHILE AT WORK ☐**

**22. I hereby certify that I attended the deceased from July 22, 1952, to July 24, 1952 that I last saw the deceased alive on July 24, 1952, and that death occurred at 8:20 a.m., from the causes and on the date stated above.**

**23A. SIGNATURE**

*Carlton*

**23B. ADDRESS**

**1100 N. Caroline Street**

**23C. DATE SIGNED**

**July 24, 1952**

**24A. BURIAL, CREMATION, REMOVAL (Specify)**

**burial**

**24B. DATE**

**7/26/52**

**24C. NAME OF CEMETERY OR CREMATORY**

**Ammendale Cemetery**

**24D. LOCATION (City, town, or county)**

**Ammendale,**

**Maryland**

**DATE RECEIVED BY LOCAL REGISTRAR**

**JUL 24 1952**

**REGISTRAR'S SIGNATURE**

*Huntington Williams, M.D.*

**25. FUNERAL DIRECTOR**

**W. W. Chambers Co., Riverdale, Maryland**

VS 150

*N-9813 7 5 2 0 2 2 6 9 0 5*

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE

*William H. Smith* M.D.  
CHIEF OR ASS. MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. **52 6909**

BIRTH NO. **120 6909 50-02583**

1. NAME OF DECEASED (Type or Print) <b>Janet E. Revis</b>			2. DATE OF DEATH <b>7-23-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>2415 East Hoffman Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 8-03</b>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>2415 E. Hoffman St.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Feb. 6, 1950</b>	9. AGE (In years last birthday) <b>2</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <b>Balto. Md.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13. FATHER'S NAME <b>Richard H. Revis</b>			14. MOTHER'S MAIDEN NAME <b>Claire E. Barnstein</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Richard H. Revis</b>			ADDRESS <b>2415 E. Hoffman St.</b>		

18. <b>E931.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		<b>Acute Aortic dilatation</b>		<b>1 dy</b>	
ANTECEDENT CAUSES		(B) DUE TO		<b>1 dy</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		<b>Steady asthma</b>		<b>1 dy</b>	
(C) DUE TO		<b>Heart enlargement</b>		<b>5 dy</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>8/3</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>12/1</b> , 1951, to <b>7/23</b> , 1952, that I last saw the deceased alive on <b>7/22</b> , 1952, and that death occurred at <b>6</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>S. C. Feldman</b>		23B. ADDRESS <b>1440 E. Balt. St.</b>		23C. DATE SIGNED <b>7/23/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7-25-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Glen Haven Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Ritchie Hwy.</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 24 1952</b>		24F. REGISTRAR'S SIGNATURE <b>Thurston Williams</b>	
24G. FUNERAL DIRECTOR <b>John C. Miller Inc</b>		24H. ADDRESS <b>52435 E. Oliver St.</b>		24I. VS 150 <b>N-9813</b>	

MEDICAL CERTIFICATION







100

RECEIVED

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100  
52 6911BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6911

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WILLIAM FREDERICK RAPP

2. DATE  
OF  
DEATH

July 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

3014 Weaver Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3014 Weaver Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Feb. 15, 1875

9. AGE (In years  
last birthday)

77

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

retired John

10B. KIND OF BUSINESS OR  
INDUSTRY

H. Dockman Co

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Rapp

14. MOTHER'S MAIDEN NAME

Anna Margaret Weber

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.  
215-05-3208

17. INFORMANT

ADDRESS

Miss Anna C. Rapp, 3014 Weaver Ave.

## CAUSE OF DEATH

18. 433.0 and E9319

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

COMPLETE HEART  
BLOCK

2 YRS

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

HEAT PROSTRATION

INTERVAL BETWEEN  
ONSET AND DEATH

1 DAY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19, to 7/23/52, 19, that I last saw the  
deceased alive on 7/22, 1952, and that death occurred at 3:45 m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/26/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 24 1952

Huntington Williams, M.D.

Leonard J. Ruck, 5305 Harford Road.

VS 150

N-9873

NOT A MEDICAL EXAMINER'S CASE

*R. Fisher*

M.D.

CHIEF OR ASS'T. MEDICAL EXAMINER

Dr. Kariagin  
4331 Hartford Road

430  
52 6912BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6912

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William F. Schulte

2. DATE  
OF  
DEATH

July 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Sinai Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 5300

D. STREET ADDRESS (If rural, give location)

2705 Alden Road

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Mar 14 1891

9. AGE (in years  
last birthday)

61

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired Builder

10B. KIND OF BUSINESS OR  
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Henry Wm Schulte

14. MOTHER'S MAIDEN NAME

Kulda Nordurft

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Bertha Schulte, same

18. 420.1

## CAUSE OF DEATH

INTERVIEW BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, ashenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Myocardial Infarction

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)Coronary Occlusion  
ASCVDII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary Emboli

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1952 to July 23, 1952, that I last saw the  
deceased alive on July 23, 1952 and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

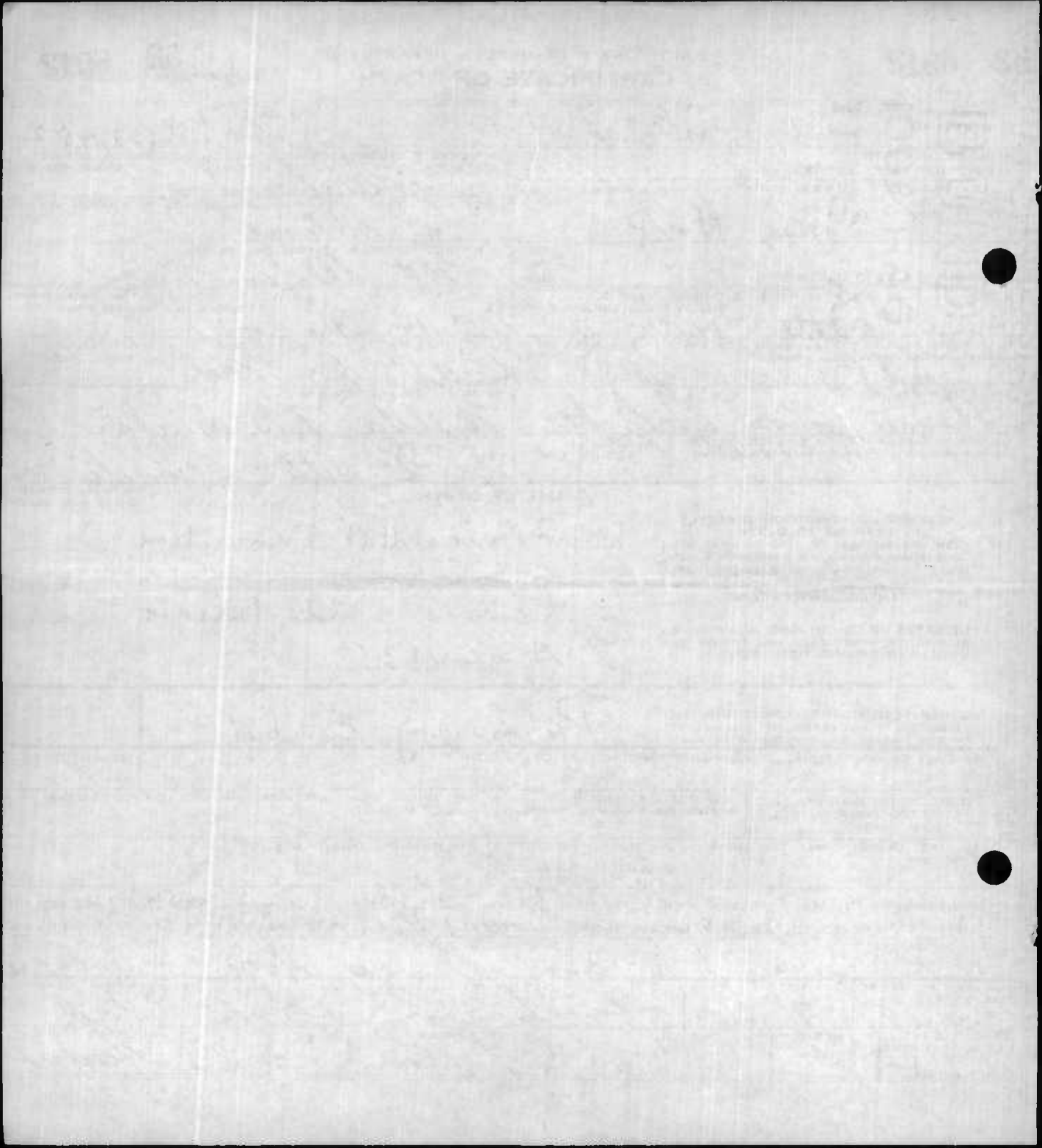
25. FUNERAL DIRECTOR

ADDRESS

JUL 24 1952

Huntington Williams, M.D.

5305 Rayford





260  
6913BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6913

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GLENN H. ZEGER

2. DATE  
OF DEATH July 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Pennsylvania

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Waynesboro

D. STREET ADDRESS (If rural, give location)

717 Maple Avenue

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

male white

Married

8. DATE OF BIRTH

March 10, 1908

9. AGE (In years last birthday)

44

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

truck driver

10B. KIND OF BUSINESS OR INDUSTRY

Landis Tool Co.

11. BIRTHPLACE (State or foreign country)

Mercersburg, Pa.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Harry W. Zeger

14. MOTHER'S MAIDEN NAME

Ella Harsh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Della Zeger 717 Maple St. Waynesboro Pa.

18. E816.5

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Crushing injury of chest and pelvis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

road

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Reisterstown Road and Delight Ave. 5300

21D. TIME (Month) (Day) (Year) (Hour)

July 23, 1952 2:00 P. m.

21E. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? Driving truck that collided with Balto. Transit bus

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED July 24, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7-26-52

24C. NAME OF CEMETERY OR CREMATORY

Fairview Cem.-Mercersburg, Pa.

24D. LOCATION (City, town, or county)

Franklin Pa.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JUL 24 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Walter J. Grove, Waynesboro Pa.

VS 151

N-808.

6833D



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6914**

**500**  
**52 6914**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>IRVIN KAHN</b>		2. DATE OF DEATH <b>July 21, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>Franklin Square Hospital</b>		C. CITY OR TOWN (If outside corporate limits, give rural and give township) <b>Baltimore</b>	
D. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) <b>24 N. Fulton Avenue</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Oct. 8, 1888</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sewerage Dept.</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>64</b>
13. FATHER'S NAME <b>Sigmund Kahn</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Augusta Meyer</b>	
17. INFORMANT <b>Miss Gertrude Oppenheimer</b>		ADDRESS	

18. <b>4221</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>(A) Arteriosclerotic cardiovascular disease</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley S. Rosenberg</i> M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <b>July 22, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 24, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>O'Donnell St. Baltimore</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md</b>		24E. FUNERAL DIRECTOR <b>David R. Minter, 1902 E. Howard St.</b>		24F. ADDRESS	

Contact age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

\_\_\_\_\_

530  
52 6915BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6915

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Dimattia, Felix A.

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5017 Hamilton Avenue

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 23 1915 37

9. AGE (in years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Chef

10B. KIND OF BUSINESS OR  
INDUSTRY

Gerber's Restaurant

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Lucidoro Di Mattia

14. MOTHER'S MAIDEN NAME

Ida Chiodi

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

212-07-6906 Lucidoro Di Mattia 5017 Hamilton Ave

17. INFORMANT

ADDRESS

18. 443X and E 931.9

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hypertensive Cerebral Vascular

DUE TO

(C) Heart exhaustion

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Heart exhaustion

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☒  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1952 to July 22, 1952, that I last saw the  
deceased alive on July 22, 1952, and that death occurred at 11:30am, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

July 25 1952

Holy Redeemer Ceme.

4430 Belair Rd. Balt. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 24 1952

Huntington Williams

Paul Della Loe

322 S. High St.

VS 150

N-981.3

759 649 12

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

NOT

AMINER'S CASE

CHI

M.D.  
CAL EXAMINER

NOT A MEDICAL EXAMINER'S CASE

*William H. Smith*  
M.D.  
CHIEF OR ASS'T. MEDICAL EXAMINER



100  
52 6916

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6916

BIRTH NO. *MARTHA LAUBE*

1. NAME OF DECEASED (Type or Print) *Martha Laube*

2. DATE OF DEATH *July 20, 1952*

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE *Md* B. COUNTY *Baltimore*

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
*42 Sinai Hospital*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*Baltimore, Md*

7. STREET ADDRESS (If rural, give location)  
*Maryland Hotel, 1100 Mt Royal Ave*

8. LENGTH OF STAY IN BALTIMORE *Life*

9. SEX *Female*

10. COLOR OR RACE *White*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
*Single*

12. DATE OF BIRTH *May 7, 1877*

13. AGE (in years last birthday) *75*

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
*None*

15. KIND OF BUSINESS OR INDUSTRY

16. BIRTHPLACE (State or foreign country)  
*Baltimore, Md*

17. CITIZEN OF WHAT COUNTRY?

18. FATHER'S NAME  
*Henry Laube Sr*

19. MOTHER'S MAIDEN NAME  
*Marquitta Jessie*

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

21. SOCIAL SECURITY NO.

22. INFORMANT  
*Henry Laube, 2132 Mt Royal, D*

23. ADDRESS

18. *5810* I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cirrhosis of Liver & Adhesive Pericarditis*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *7*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *July 9, 1952* to *July 20, 1952* that I last saw the deceased alive on *7-20, 1952* and that death occurred at *9:05 pm.*, from the causes and on the date stated above.

23A. SIGNATURE *Joseph A. DeFelbaum, M.D.*

23B. ADDRESS *Sinai Hosp*

23C. DATE SIGNED *7-21-52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE *July 24, 1952*

24C. NAME OF CEMETERY OR CREMATORY *Baltimore*

24D. LOCATION (City, town or county) (State) *Baltimore, Md*

DATE RECEIVED BY LOCAL REGISTRAR *JUL 24 1952*

REGISTRAR'S SIGNATURE *Huntington Williams*

FUNERAL DIRECTOR *Thompson & Sons*

ADDRESS *300 Eutan Place*



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6917

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EARL GORRICK

2. DATE  
OF  
DEATH

JULY 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

BON SECOURS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1614 S. CHARLES ST.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

6/1/10

9. AGE (In years  
last birthday)

42

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

CHAUFFEUR

10B. KIND OF BUSINESS OR  
INDUSTRY

INDUSTRIAL

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

MARTIN GORRICK

14. MOTHER'S MAIDEN NAME

SUFHRUE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

yes

16. SOCIAL  
SECURITY NO.

?

17. INFORMANT

WIFE

ADDRESS

SAME

18.

260X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Diabetic Acidosis

6 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Diabetes Mellitus

2 yrs

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT  
WORK ☐ NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from July 22, 1952, to July 22, 1952, that I last saw the  
deceased alive on July 22, 1952, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William A. Pillsbury M. D.

23B. ADDRESS

Bon Secours Hosp.

23C. DATE SIGNED

7/22/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7-25-1952

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

JUL 24 1952 Huntington Williams, M.D. Flynn &amp; Fleming 1426 Light St.

VS 150

6834Y

MEDICAL CERTIFICATION

1917

July 10 1917

John G. Baker

Dear Sir:

Very much interested

in your letter of the 7th

and in the prospect

of a new building

at the same time

and in the prospect

of a new building

and in the prospect

of a new building

and in the prospect

of a new building

and in the prospect

of a new building

and in the prospect

of a new building

and in the prospect

of a new building

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of a new building

and in the prospect

of a new building

and in the prospect

of a new building

and in the prospect

of a new building

200  
52 6918BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6918

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>GEORGE HOWARD RICE</b>			2. DATE OF DEATH <b>July 23, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Parkton.</b>		
6. LENGTH OF STAY IN BALTIMORE <b>41</b>			D. STREET ADDRESS (If rural, give location) <b>5300</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 3, 1884</b>	9. AGE (In years last birthday) <b>68</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer Retired</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Pa. Railroad</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>			13. FATHER'S NAME <b>George P. Rice</b>		
14. MOTHER'S MAIDEN NAME <b>Ellen A. O-----</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		
16. SOCIAL SECURITY NO.			17. INFORMANT <b>Mrs. Dorothy M. Rice</b>		
18. ADDRESS <b>Parkton, Maryland</b>			19. ADDRESS		

18. **260X I**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
(A) **Arteriosclerotic cardio-vascular disease**  
DUE TO  
ANTECEDENT CAUSES  
(B) **Diabetes mellitus**  
DUE TO  
(C) \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 22</b> , 19 <b>52</b> to <b>July 23</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>July 23</b> , 19 <b>52</b> , and that death occurred at <b>3:50 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>R. Hauer</b>		23B. ADDRESS <b>1400 N. Caroline Street - 13</b>		23C. DATE SIGNED <b>July 23, 1952</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 26, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore Co., Maryland</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 24 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Burgee Funeral Home</b>		ADDRESS <b>3631 Falls Road</b>	

VS 150

541 50

**Harold F. Burgee**

CONFIDENTIAL - SECURITY MATTER

CONFIDENTIAL - SECURITY MATTER

CONFIDENTIAL - SECURITY MATTER

CONFIDENTIAL - SECURITY MATTER



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 6919

BIRTH NO. 52 6919

1. NAME OF DECEASED  
(Type or Print)

*Joseph Trogden*

2. DATE  
OF  
DEATH

*July 22, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

*Md Baltimore 10 02*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

*1414 Barnes St*

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

*Male*

6. COLOR OR RACE

*Colored*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*Widower*

8. DATE OF BIRTH

*8-28-89*

9. AGE (in years last birthday)

*67*

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*laborer*

10B. KIND OF BUSINESS OR INDUSTRY

*Construction*

11. BIRTHPLACE (State or foreign country)

*North Carolina*

12. CITIZEN OF WHAT COUNTRY?

*U.S.A.*

13. FATHER'S NAME

*Pete Trogden*

14. MOTHER'S MAIDEN NAME

*Eliza Wright*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
*JOHNS HOPKINS HOSPITAL*

18. *592X I*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *menia*

DUE TO

*2 hrs*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *chronic glomerulonephritis*

DUE TO

*20 yrs*

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*interstitial pneumonia*

*7 da*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? *(In Baltimore City, give exact location)*

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from *7/19* 19*52*, to *7/22* 19*52*, that I last saw the deceased alive on *7/22* 19*52*, and that death occurred at *2:30* pm., from the causes and on the date stated above.

23A. SIGNATURE

*Richard H. Johns*

M. D.

23B. ADDRESS

*JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*7-26-1952*

24C. NAME OF CEMETERY OR CREMATORY

*Mt. Calvary Cemetery*

24D. LOCATION (City, town, or county)

*Anne Arundel Co. Md.*

DATE RECEIVED BY LOCAL REGISTRAR

*JUL 24 1952*

REGISTRAR'S SIGNATURE

*Huntington Willigues, M.D.*

25. FUNERAL DIRECTOR

*Randolph J. Collick 1412 E. Preston St.*

ADDRESS



P-100  
52 6920

52 6920

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

ANNA M. RAAB

2. DATE  
OF  
DEATH

7/22/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1625 DURHAM ST

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

M.D  
BALTIMORE 8-06

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1625 N. DURHAM ST

c. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

5. SEX

F.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

12/26/75

9. AGE (In years  
last birthday)

76

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

JOHN ZANG

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

ANNA TEMPLE 1625 DURHAM ST

18. E 931.0 and 420.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Heat prostration

1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic heart disease

several years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

William J. Smith

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

CHIEF OR ASST. MEDICAL EXAMINER.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

1625 Durham St 8/6

1d. TIME (Month) (Day) (Year) (Hour)  
F INJURY

July 16-22/52

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☒  
AT WORK

21F. HOW DID INJURY OCCUR?

exposure to hot weather

22. I hereby certify that I attended the deceased from 8/4, 1950, to 7/22, 1952, that I last saw the  
deceased alive on 7/22/1952, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. J. J. J.

M. D.

23B. ADDRESS

1737 E. North Ave

23C. DATE SIGNED

7/23/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

7/26/52

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER

24D. LOCATION (City, town, or county)

BALTIMORE MD

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Blount &amp; Hoffman 1639 Broadway



H-156  
52 6921  
BIRTH NO. 49-14251BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6921  
Registered No.1. NAME OF DECEASED  
(Type or Print)

WAYNE HOFFMEYER

2. DATE  
OF  
DEATH

July 23/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION  
(If not in hospital or institution, give street address or location)

SINAI HOSPITAL OF BALTIMORE INC.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 27-18

D. STREET ADDRESS (If rural, give location)

4909 EDGEWATER AVE

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

JULY 14, 1949

9. AGE (in years  
last birthday)

3

10. Under 1 Year  
Months: Days: 11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

CHILD

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

EDWIN HOFFMEYER

14. MOTHER'S MAIDEN NAME

May Fisher

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

FATHER

ADDRESS

AS ABOVE

18.

5600

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Anoxia &amp; Resp. Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) ANESTHESIA; Aspiration?

DUE TO

(C) Post. op. HERNIOGRAPHY

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

7-22-52

19B. MAJOR FINDINGS OF OPERATION

INGUINAL HERNIA - RIGHT

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-21-52, 19, to 7-23-52, 19, that I last saw the  
deceased alive on 7-23-52, 19, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. Leftwich

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

7-23-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 24 1952

Huntington Williams, M.D.

Loring Byers 5005 Pk. Heights Ave

1900

1900





530  
52 6922BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6922  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

KATE SMITH

2. DATE  
OF  
DEATH23<sup>rd</sup> July 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

MERCY Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE

24-03

D. STREET ADDRESS (If rural, give location)

1104 William St.

Yrs.  
Mos.  
Days

Length of stay in Baltimore

life

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

28<sup>th</sup> Jan. 18869. AGE (in years  
last birthday)

66

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Homemaker

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Phillip SMITH.

14. MOTHER'S MAIDEN NAME

MARIA WERNER.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Ella Catalano-daugh-1104 William St.

18. 260X and E 903.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) CORONARY Thrombosis

15 mins

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Diabetes mellitus

?

DUE TO

(C) Fracture of Hip

9 weeks.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.William [Signature]  
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

14<sup>th</sup> MAY 52

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

HOME.

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

1104 William St.

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY9<sup>th</sup> MAY 52

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Slipped on floor &amp; fell

22. I hereby certify that I attended the deceased from 1<sup>st</sup> July, 1952, to 23<sup>rd</sup> July 1952, that I last saw the  
deceased alive on 20<sup>th</sup> July 1952 and that death occurred at 7A.m., from the causes and on the date stated above.

23A. SIGNATURE

M. K. Quinn

M. D.

23B. ADDRESS

MERCY Hospital.

23C. DATE SIGNED

23<sup>rd</sup> July 5224A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

July 26, 1952

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Frederick Rd. Balto. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

JUL 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

KRAUSE FUNERAL HOME 1216S. CHARLESST.

SS00

ST

SS00

ST

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6923  
Registered No.

300  
52 6923  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ANNA BODE</b>		2. DATE OF DEATH <b>July 23, 1952</b>	
3. PLACE OF DEATH: a. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Maryland</b>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore <b>Life</b> Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <b>3909 Ridgewood Ave</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>July 2 1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>74</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME <b>Selmer W Bode</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore Md</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Ida Q Wann</b>	
17. INFORMANT		ADDRESS <b>Mrs. J.L. Bayline 3909 Ridgewood Ave</b>	

18. <b>4771 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23a. SIGNATURE <i>R. H. Fisher</i>		23b. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23c. DATE SIGNED <b>June 24, 1952</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 26 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>	24d. LOCATION (City, town, or county) (State) <b>Balto Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 24 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington Wil...</i>	25. FUNERAL DIRECTOR <i>Henry H. ...</i> ADDRESS <b>4204 Ridgewood Ave.</b>	

1900 50

1900 50

1900 50

1900 50

1900 50

1900 50

1900 50

1900 50

1900 50

1900 50

252  
52 6924

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6924

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John J. Dekenis

2. DATE  
OF  
DEATH

3/22/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

649 W. Lombard St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

649 W. Lombard St.

Length of stay in Baltimore

40

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 4, 1891

9. AGE (In years last birthday)

61

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cabinet Maker

10B. KIND OF BUSINESS OR INDUSTRY

Woodcraft

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Anthony Dekenis

14. MOTHER'S MAIDEN NAME

Grasilia Kunigieliete.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

216-16-4812

17. INFORMANT

Amelia A. Dekeris

ADDRESS

SAME

18.

350x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Accident

10 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral Arteriosclerosis

3 years

(C) Parkinsonism (Paralysis agitans)

5 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8-7, 1947, to 7-22, 1952, that I last saw the deceased alive on 7-22, 1952 and that death occurred at 1:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

John P. Unbeck, Jr.

23B. ADDRESS

1227 Wash Blvd

23C. DATE SIGNED

7-23-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/26/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Belair Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Chas. W. Kachauskas 703 McHenry St.

1-555-32

MEDICAL CERTIFICATION

1502

55

1502

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6925**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Olivia Ellen Cordrey</b>		2. DATE OF DEATH <b>July 23, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>3045 Brighton St.,</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>50-</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3045 Brighton St.,</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Apr. 25, 1871</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-wife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>--</b>	9. AGE (In years; last birthday) <b>81</b>
13. FATHER'S NAME <b>Banks LeCates</b>		11. BIRTHPLACE (State or foreign country) <b>Delaware</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT ADDRESS <b>Mrs. Vera C. Wise 1919 Rosedale St.,</b>	
13. FATHER'S NAME <b>Banks LeCates</b>		14. MOTHER'S MAIDEN NAME <b>? Elliott</b>	

18. <b>443 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <b>Cardiac decomp.</b> DUE TO (B) <b>Cardio-vascular.</b> DUE TO (C) <b>Hypertensive disease</b>	INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>  <b>4 yrs</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 12, 1952</b> to <b>July 23, 1952</b> , that I last saw the deceased alive on <b>July 23, 1952</b> , and that death occurred at <b>8:55 A. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Thomas U. Dodd</b> M. D.		23B. ADDRESS <b>2108 St Paul St</b>		23C. DATE SIGNED <b>7/24/52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7-25-1952</b>		24C. NAME OF CEMETERY OR CREMATOR <b>Woodlawn</b>		24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 24 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>G. Howard Strong</b>		ADDRESS <b>3207 W. North Ave.,</b>	

MEDICAL CERTIFICATION

Please print name and address of informant, and name and address of funeral home, if any.

Mr. Norman U. Todd

2108 St Paul St - Bc 407

11:30 - 2 PM

416  
52 6926BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6926

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HOLBERT, EDWARD

2. DATE  
OF  
DEATH

7-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

UNIVERSITY HOSPITAL

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE/MARRIED

DIVORCED

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, or if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Bake Shop

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Year or unknown)

Yes

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2113 Bolton St

8. DATE OF BIRTH

Jan 4, 1913

9. AGE (In years  
last birthday)

39

If Under 1 Year

Months: Days

If Under 24 hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Alice Turner

17. INFORMANT

Estelle Rosenberg Nelson Ave

18. 540.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) HYPERTHERMIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) POST OPERATIVE GASTRECTOMY

DUE TO BLEEDING PEPTIC ULCER

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

7-22-52

19B. MAJOR FINDINGS OF OPERATION

PEPTIC ULCER BLEEDING

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1952 to July 22, 1952, that I last saw the  
deceased alive on July 22, 1952, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Harry M. Wald

M. D.

23B. ADDRESS

UNIV. HOSPITAL

23C. DATE SIGNED

7-22-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7-28-52

24C. NAME OF CEMETERY OR CREMATORY

Carnegie Chapel

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

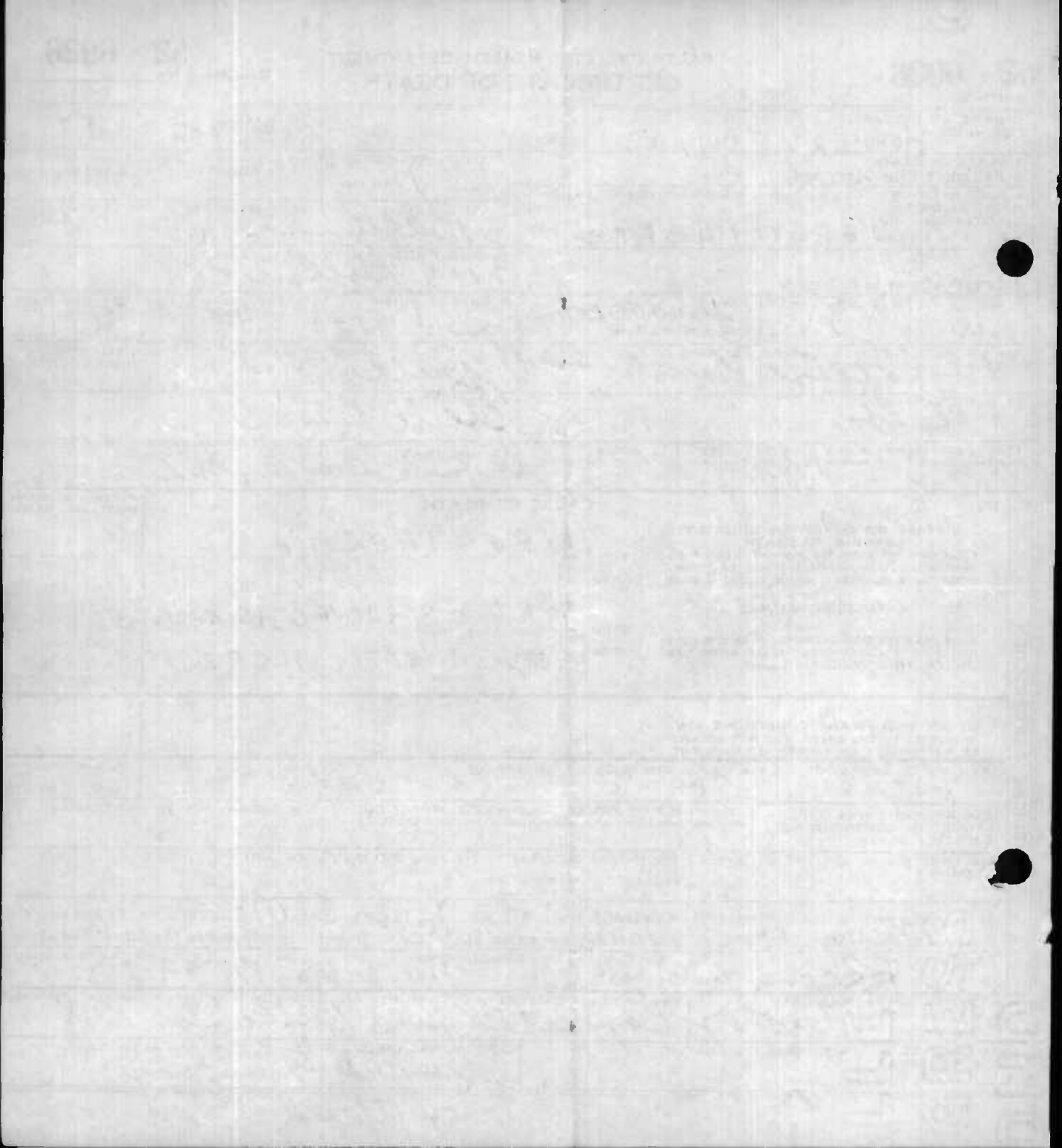
Harry M. Wald

25. FUNERAL DIRECTOR

Edward T. Gibson

ADDRESS

690 93 7359 Wash. Blvd



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6927  
Registered No. \_\_\_\_\_

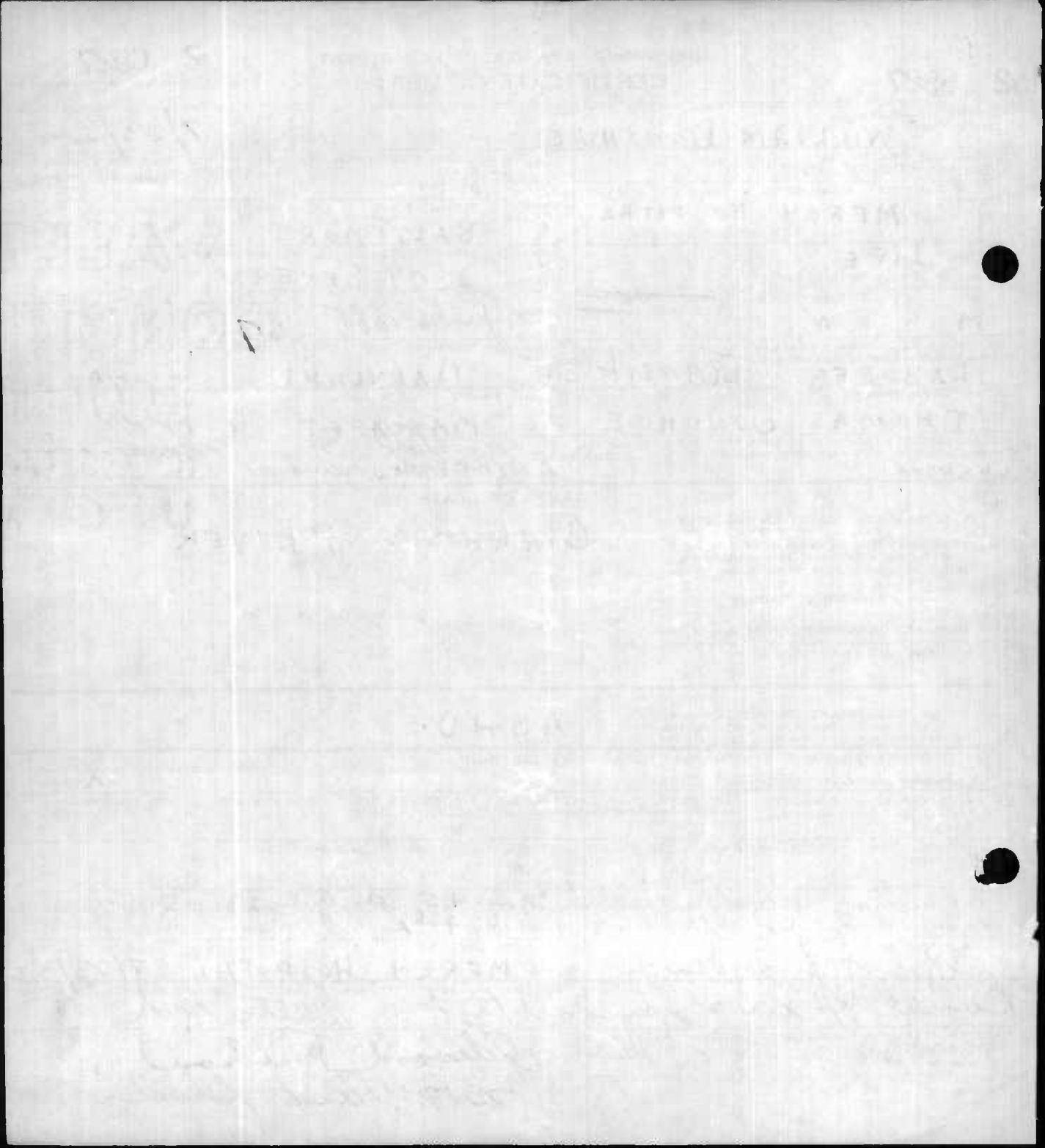
500  
52 6927  
BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>WILLIAM DONOHUE</b>		2. DATE OF DEATH <b>7/23/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>MERCY HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 25-43</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>	
7. <del>SINGLE, MARRIED,</del> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>June 6-1885</b>	
9. AGE (In years last birthday) <b>67</b>		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>THOMAS DONOHUE</b>		14. MOTHER'S MAIDEN NAME <b>MARGARET QUINN</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>UNKNOWN</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <b>Mrs. Charles Hendrix</b>		18. ADDRESS OF INFORMANT <b>Carrollton Rd</b>	

18. <b>581.0 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CIRRHOSIS of LIVER</b>		INTERVAL BETWEEN ONSET AND DEATH
CAUSE OF DEATH (A) <b>CIRRHOSIS of LIVER</b> DUE TO _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>ASHD.</b>		

19A. DATE OF OPERATION <b>June 22 3</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>May 15 1952</b> to <b>July 23, 1952</b> that I last saw the deceased alive on <b>July 22, 1952</b> , and that death occurred at <b>9:30 A.M.</b> , from the causes and on the date stated above.				
23A. SIGNATURE <b>Robert J. Lyden</b>		23B. ADDRESS <b>MERCY HOSPITAL</b>		23C. DATE SIGNED <b>7/23/52</b>
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24B. DATE <b>7.26.52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Landon Park</b>	24D. LOCATION (City, town, or county) (State) <b>Balta Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 24 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Edward Paulson</b> ADDRESS <b>9705 25359 Wash Blvd</b>

MEDICAL CERTIFICATION





# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52-6928

BIRTH NO. 362  
52 6928

1. NAME OF DECEASED  
(Type or Print)

Louis Strohecker (STROHECKER)

2. DATE  
OF  
DEATH

7-23-52

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE MD B. COUNTY 52-00

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location) 3913 Annapolis Rd.

c. Length of stay in Baltimore

5. SEX M.

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

10-24-1906

AGE (In years last birthday) 45

II Under 1 Year Months: Days II Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bank clerk

10B. KIND OF BUSINESS OR INDUSTRY

Banking

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles

14. MOTHER'S MAIDEN NAME

Lillian Tuchman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or of unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Wife, Evelyn

ADDRESS

Same

18. 4/20/11

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial infarction  
Arteriosclerotic C.V.D.

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension

9 yrs.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 7-23, 1952 to 7-23, 1952 that I last saw the deceased alive on 7-23, 1952, and that death occurred at 9:30 AM., from the causes and on the date stated above.

23A. SIGNATURE

George Elton

M. D.

23B. ADDRESS

St Agnes Hosp.

23C. DATE SIGNED

7-29-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

7-26-52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, Jr.

25. FUNERAL DIRECTOR

Edward Paulson

ADDRESS

7359 Wash. Blvd

VS 150

39071

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6929**

**520**  
52-6929-26583  
BIRTH NO. **58-26583**

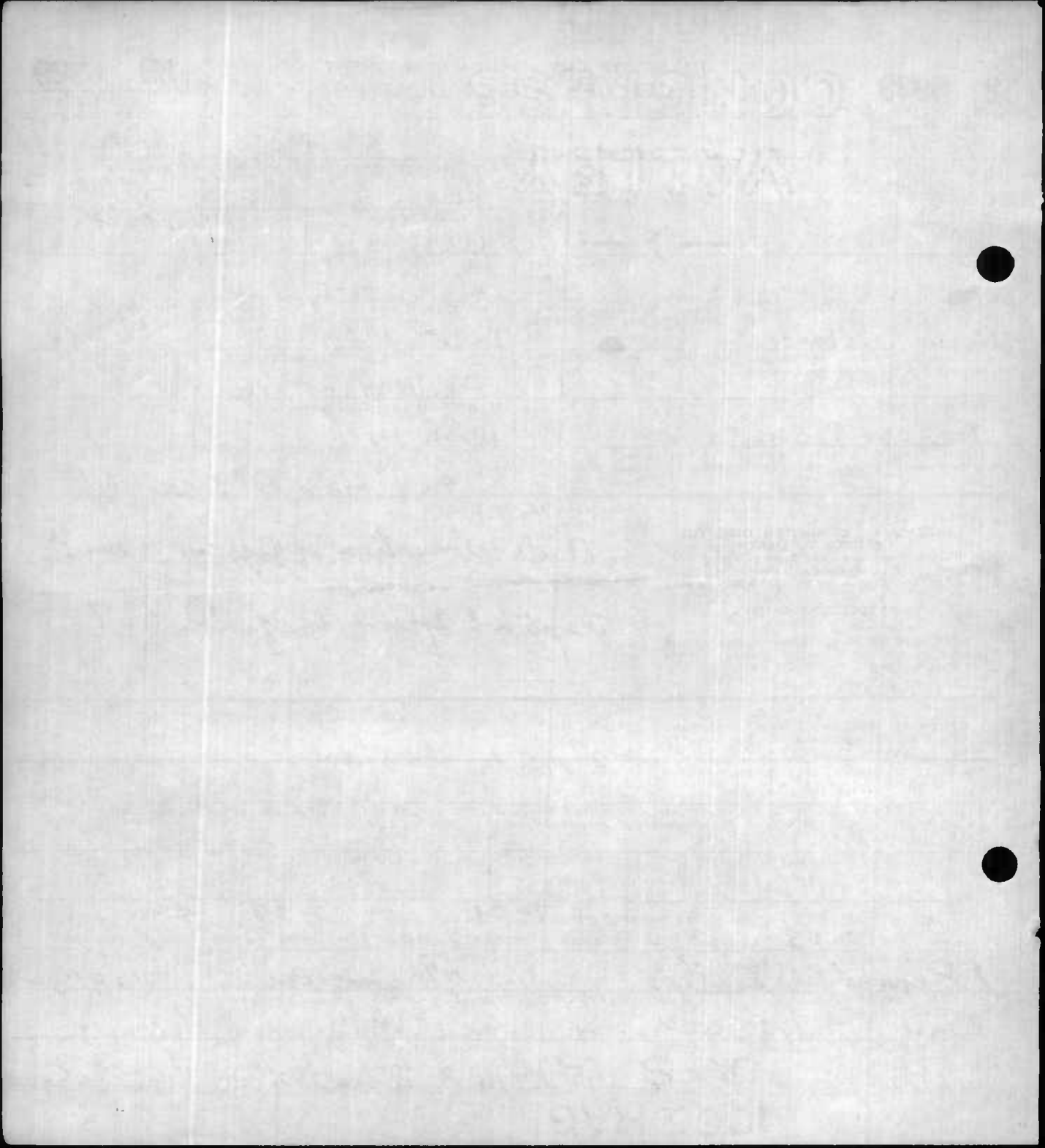
1. NAME OF DECEASED (Type or Print) <b>Wealex E. Dennis</b>		2. DATE OF DEATH <b>July 23, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>418 Oxford Court</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>X 4</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore</b>		C. CITY OR TOWN (If outside corporate limits, within RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>418 Oxford Court</b>			
c. Length of stay in Baltimore Yrs. Mos. Days			
5. SEX <b>male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Dec. 8, 1950</b>
9. AGE (In years last birthday) <b>1</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Ernest Dennis</b>		14. MOTHER'S MAIDEN NAME <b>Mary Hall</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mrs. Mary Dennis 418 Oxford Court</b>

<p>18. <b>751X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p>	<p>CAUSE OF DEATH</p> <p>(A) <b>Acute Hemorrhage of Brain</b> DUE TO</p> <p>(B) <b>Cerebral Spinal Abscess</b> DUE TO</p> <p>(C)</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p><b>my h</b></p> <p><b>?</b></p>

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **7-20**, 19**52**, to **7-23**, 19**52**, that I last saw the deceased alive on **7-23**, 19**52**, and that death occurred at **2:40 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Thomson L. Williams</b>	23B. ADDRESS <b>1524 Glenmoor Ave</b>	23C. DATE SIGNED <b>7/24/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 25, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Arbutus Memorial Park</b>
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 24 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR ADDRESS <b>Joseph L. Williams 1200 McCulloch St. Balt., Md.</b>



630  
52 6930BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6930

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>AGNES M. GARRITY</b>			2. DATE OF DEATH <b>July 22, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>614 S. Potomac Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>Life</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>614 S. Potomac Street</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>December 26, 1902</b>	9. AGE (In years last birthday) <b>49</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>-</b>		
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Franciszek Imbierowicz</b>			14. MOTHER'S MAIDEN NAME <b>Stanislawa Chojnacki</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service). <b>-</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Mr. Raymond J. Garrity</b>			ADDRESS <b>614 S. Potomac Street</b>		

18. <b>470.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b> (A) DUE TO <b>Chr. myoconditis</b> (B) DUE TO (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH <b>7/22/52</b> <b>7/1/48</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 19, 1952</b> , to <b>July 22, 1952</b> , that I last saw the deceased alive on <b>July 22, 1952</b> , and that death occurred at <b>614 S. Potomac Street</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>William J. Ryan</b>		23B. ADDRESS <b>801 41st Street</b>		23C. DATE SIGNED <b>7/24/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7/26/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>St. Stanislaus</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>		25. FUNERAL DIRECTOR ADDRESS <b>M.F. SADOWSKI &amp; SONS, 1808 EASTERN AVENUE</b> <b>Charles D. Sadowski</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 24 1952</b>		REGISTRAR'S SIGNATURE <b>W. J. Ryan</b>			

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6931**

**536**  
**2 6931**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>FRANCES KENDRZEJEWSKI</b>			2. DATE OF DEATH <b>July 23, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>1-05</b>		
B. FULL NAME OF (If not in hospital or institution, give street address of hospital or St. Joseph's Convalescent Home (location) INSTITUTION <b>130 S. Patterson Park Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>64 yrs</b>			D. STREET ADDRESS (If rural, give location) <b>130 S. Patterson Park Avenue</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>January 6, 1870</b>		9. AGE (in years last birthday) <b>82</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>Poland</b>
13. FATHER'S NAME <b>Unknown</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>-</b>			16. SOCIAL SECURITY NO. <b>-</b>		
17. INFORMANT <b>Mrs. P. Grabecki</b>			ADDRESS <b>2226 Fleet Street</b>		

18. <b>470.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <b>July 23/52</b>
	(A) DUE TO	<b>Coronary Thrombosis</b>	
	(B) DUE TO	<b>Hypertensive Cardio Vascular</b>	
	(C) DUE TO	<b>Unknown</b>	<b>July 1947</b>

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **July 2, 1952** to **July 23, 1952**, that I last saw the deceased alive on **July 22, 1952**, and that death occurred at **4:00 p.m.** from the causes and on the date stated above.

23A. SIGNATURE <b>William J. Ryxauer</b>	23B. ADDRESS <b>801 N. Kenwood St.</b>	23C. DATE SIGNED <b>7/24/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/26/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>St. Stanislaus</b>
24D. LOCATION (City, town, or county) <b>Baltimore, Maryland</b>		(State)

DATE RECEIVED BY LOCAL REGISTRAR <b>24 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>M. F. SADOWSKI &amp; SONS, 1808 EASTERN AVENUE</b>
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**Charles L. Sadowski**

MEDICAL CERTIFICATION

correct age is especially important. In any statement, please state the date.

1951-52

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF AGRICULTURAL ECONOMICS

1951

COUNTRY OF ORIGIN		COMMODITY		UNIT		QUANTITY		VALUE	
UNITED STATES		WHEAT		BU		100		100	
CANADA		WHEAT		BU		100		100	
MEXICO		WHEAT		BU		100		100	
ARGENTINA		WHEAT		BU		100		100	
AUSTRALIA		WHEAT		BU		100		100	
INDIA		WHEAT		BU		100		100	
CHINA		WHEAT		BU		100		100	
JAPAN		WHEAT		BU		100		100	
RUSSIA		WHEAT		BU		100		100	
EGYPT		WHEAT		BU		100		100	
ITALY		WHEAT		BU		100		100	
FRANCE		WHEAT		BU		100		100	
GERMANY		WHEAT		BU		100		100	
NET TOTAL		WHEAT		BU		100		100	

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6932**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Eugene Ellwood Kernan</b>			2. DATE OF DEATH <b>July 23, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland 404 Pittman Place			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>404 Pittman Place</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto. Md;</b>		
C. Length of stay in Baltimore <b>50 years</b>			D. STREET ADDRESS (If rural, give location)		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 13, 1883</b>		9. AGE (In years last birthday) <b>69</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Glenn L. Martin</b>	11. BIRTHPLACE (State or foreign country) <b>Harford Co. Md.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Eugene Kernan</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>---</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Christine Kernan 404 Pittman Pla</b>		

18. <b>420.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) CORONARY INFARCTION</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>SUDDENLY</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B) CHRONIC MYOCARDITIS</b> DUE TO		<b>Years</b>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>February 1951</b> , to <b>July 23, 1952</b> , that I last saw the deceased alive on <b>July 20, 1952</b> , and that death occurred at <b>4 P. m.</b> , from the causes and on the date stated above.				
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 26, 52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Slate Ridge</b>	24D. LOCATION (City, town, or county) (State) <b>Whiteford Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 24 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR ADDRESS <b>Ellsworth A. Macost 4600 Liberty Heights Ave.</b>	

**7703T**

MEDICAL CERTIFICATION

Correct age to be given in the cause of death

---

500  
52 6933BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6933

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Theresa D'Anna			2. DATE OF DEATH July 22, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2824 E. Monument Street			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-01		
5. Length of stay in Baltimore 49yrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2824 E. Monument Street		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH November 29, 1873		9. AGE (In years last birthday) 78 yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife at home		10B. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Antony Fertitta			14. MOTHER'S MAIDEN NAME Mary Gigilo		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Joseph D'Anna - son		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		ADDRESS 2824 E. Monument Street			

18. 443 X and 170 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Hypertensive Cardio-vascular disease DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <del>Malignancy of Breast</del> DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Malignancy of Breast					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1951, to July 31, 1952, that I last saw the deceased alive on 7/24, 1952, and that death occurred at 3 30 m., from the causes and on the date stated above.					
23A. SIGNATURE Joseph R. Liebert		23B. ADDRESS M. D. 1011 N. Charles St.		23C. DATE SIGNED 7/22/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/25/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) Belair Rd.		24E. FUNERAL DIRECTOR Schimunek Funeral Home		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR JUL 24 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Schimunek Funeral Home	
VS 150		26. 03-05 E. Madison Street.,			

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Date of Registration		12. Office of Registrar	
13. Name of Informant		14. Relationship to Deceased		15. Signature of Informant	
16. Name of Informant		17. Relationship to Deceased		18. Signature of Informant	
19. Name of Informant		20. Relationship to Deceased		21. Signature of Informant	
22. Name of Informant		23. Relationship to Deceased		24. Signature of Informant	
25. Name of Informant		26. Relationship to Deceased		27. Signature of Informant	
28. Name of Informant		29. Relationship to Deceased		30. Signature of Informant	
31. Name of Informant		32. Relationship to Deceased		33. Signature of Informant	
34. Name of Informant		35. Relationship to Deceased		36. Signature of Informant	
37. Name of Informant		38. Relationship to Deceased		39. Signature of Informant	
40. Name of Informant		41. Relationship to Deceased		42. Signature of Informant	
43. Name of Informant		44. Relationship to Deceased		45. Signature of Informant	
46. Name of Informant		47. Relationship to Deceased		48. Signature of Informant	
49. Name of Informant		50. Relationship to Deceased		51. Signature of Informant	
52. Name of Informant		53. Relationship to Deceased		54. Signature of Informant	
55. Name of Informant		56. Relationship to Deceased		57. Signature of Informant	
58. Name of Informant		59. Relationship to Deceased		60. Signature of Informant	
61. Name of Informant		62. Relationship to Deceased		63. Signature of Informant	
64. Name of Informant		65. Relationship to Deceased		66. Signature of Informant	
67. Name of Informant		68. Relationship to Deceased		69. Signature of Informant	
70. Name of Informant		71. Relationship to Deceased		72. Signature of Informant	
73. Name of Informant		74. Relationship to Deceased		75. Signature of Informant	
76. Name of Informant		77. Relationship to Deceased		78. Signature of Informant	
79. Name of Informant		80. Relationship to Deceased		81. Signature of Informant	
82. Name of Informant		83. Relationship to Deceased		84. Signature of Informant	
85. Name of Informant		86. Relationship to Deceased		87. Signature of Informant	
88. Name of Informant		89. Relationship to Deceased		90. Signature of Informant	
91. Name of Informant		92. Relationship to Deceased		93. Signature of Informant	
94. Name of Informant		95. Relationship to Deceased		96. Signature of Informant	
97. Name of Informant		98. Relationship to Deceased		99. Signature of Informant	
100. Name of Informant		101. Relationship to Deceased		102. Signature of Informant	



500  
52 6933BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6933

1. NAME OF DECEASED  
(Type or Print)

Theresa D'Anna

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2824 E. Monument Street

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)  
A. STATE Md. B. COUNTYB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)  
Baltimore 7-01C. Length of stay in Baltimore 49yrs.  
Yrs.  
Mos.  
DaysD. STREET ADDRESS (If rural, give location)  
2824 E. Monument Street5. SEX  
female6. COLOR OR RACE  
white7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
widow

8. DATE OF BIRTH

November 29, 1873

9. AGE (in years  
last birthday) 78 yrs.If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
housewife at home10B. KIND OF BUSINESS OR  
INDUSTRY  
none

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

Antony Fertitta

14. MOTHER'S MAIDEN NAME

Mary Gigilo

15. WAS DECEASED  
(Yes, no or unknown) EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)  
no no16. SOCIAL  
SECURITY NO.  
none

17. INFORMANT

ADDRESS

Joseph D'Anna - son 2824 E. Monument Street

18.

443 X and 170 X  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH(A) .....  
DUE TO

Hypertensive Cardio-vascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO

Myocardial infarction

(C) .....

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

malignancy of Breast

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
F INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951 to July 21, 1952 that I last saw the  
deceased alive on 7/21/52 and that death occurred at 3:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Burial

24B. DATE

7/25/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.,

24D. LOCATION (City, town, or county)

Belair Rd.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

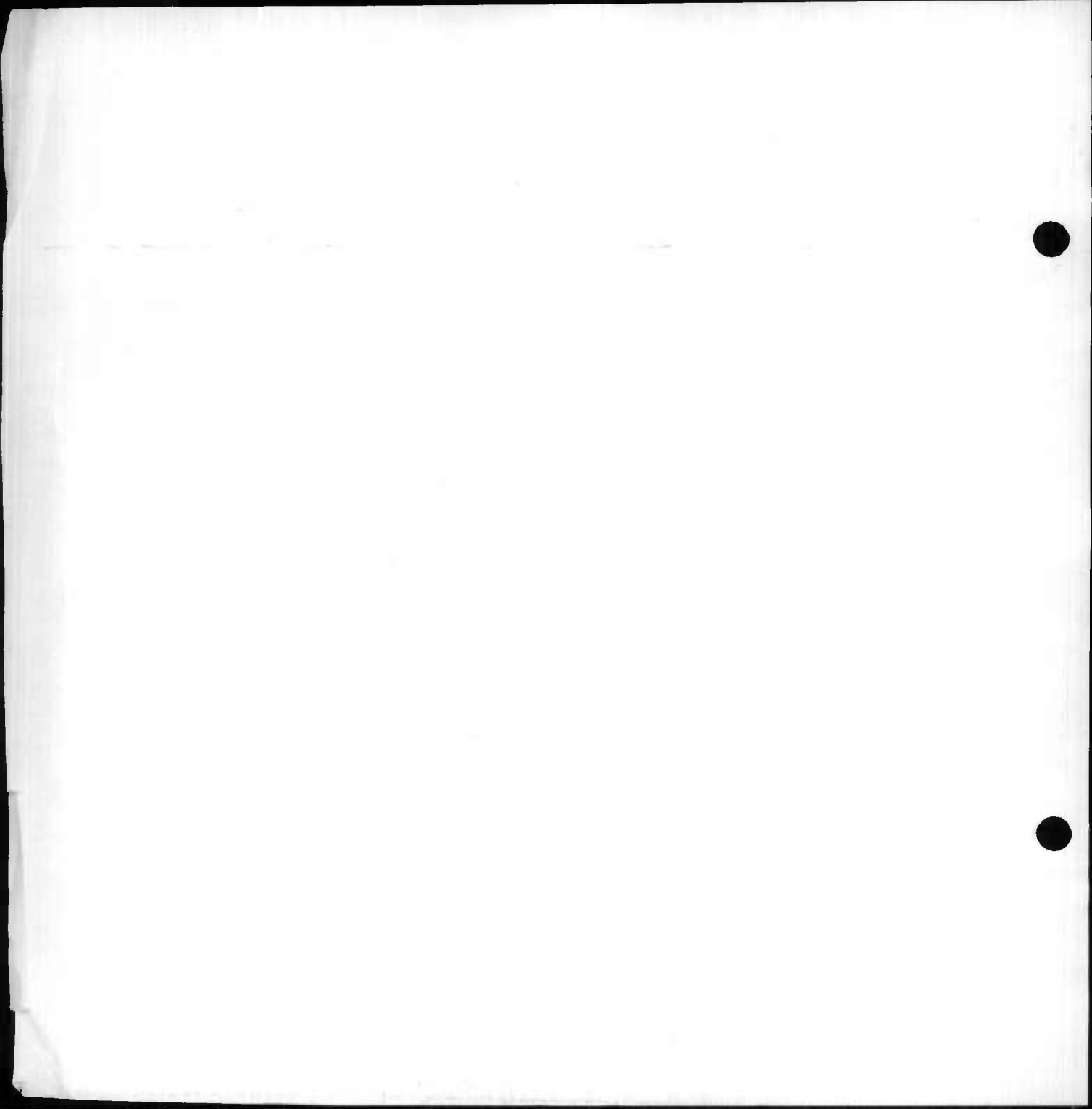
25. FUNERAL DIRECTOR

ADDRESS

JUL 24 1952

J. E. Williams, M.D.

Schimunek Funeral Home



142  
52 6934BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6934  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Catherine Kopilak

2. DATE  
OF  
DEATH

July 22, 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 400 N. Streeper Street

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 6-01

D. STREET ADDRESS (If rural, give location)

400 N. Streeper St.,

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

Nov 1, 1894

9. AGE (In years  
last birthday)

57

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
housewife at home10B. KIND OF BUSINESS OR  
INDUSTRY  
none

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Jos. Kopilak - husband, above

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) CORONARY THROMBOSIS  
DUE TO

1 Hour

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) HYPERTENSIVE C.V. DISEASE  
DUE TO  
(C)

1 Year

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/18/52, 19\_\_, to 7/22/52, 19\_\_, that I last saw the  
deceased alive on 7/22, 1952, and that death occurred at 8 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE, SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home 2601-03-05 E. Madison



500  
52 6935  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6935

1. NAME OF DECEASED  
(Type or Print)

Hohn, Clarence Randolph

2. DATE

OF DEATH July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

St. Joseph's Hospital

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6709 Old Harford Rd.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 28, 1881

9. AGE (in years  
last birthday)

70 yr.

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laundryman

10B. KIND OF BUSINESS OR INDUSTRY

Maryland Casualty Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

David Hohn

14. MOTHER'S MAIDEN NAME

Anna Prichett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 446X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Nephrosclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1952 to July 22, 1952, that I last saw the deceased alive on July 22, 1952, and that death occurred at 4:40 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Carlton D. P.

23B. ADDRESS

M. D.

St. Joseph's Hospital

23C. DATE SIGNED

July 22, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

July 26, 1952

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Park

24D. LOCATION (City, town, or county)

(State)

Taylor Ave., Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.

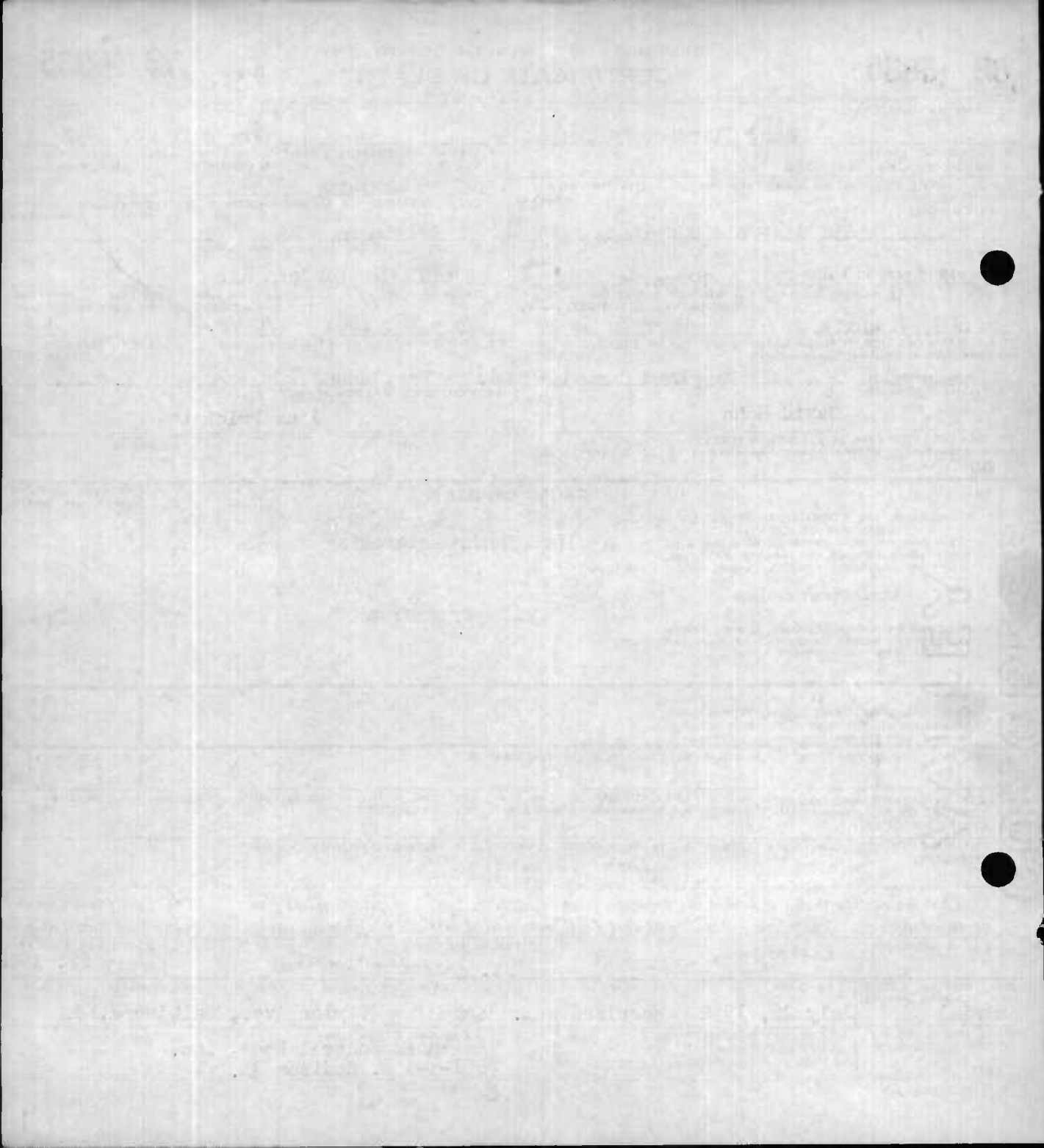
ADDRESS

2601-3-5 E. Madison St.

JUL 24 1952

VS 150

68373 33





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6936**

**450**  
**52 6936**  
BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Agnes M. Klima*

2. DATE OF DEATH

*July 23, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION **JOHNS HOPKINS HOSPITAL**

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

*Md*

B. COUNTY

C. CITY OR TOWN

*Baltimore* (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

*2814 E. Monument St*

Length of stay in Baltimore

*life*

5. SEX

*female*

6. COLOR OR RACE

*white*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*married*

8. DATE OF BIRTH

*Jan. 27, 1891*

9. AGE (In years last birthday)

*61*

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*housewife*

10B. KIND OF BUSINESS OR INDUSTRY

*at home*

11. BIRTHPLACE (State or foreign country)

*Baltimore, Md.*

12. CITIZEN OF WHAT COUNTRY?

*U.S.*

13. FATHER'S NAME

*unknown*

14. MOTHER'S MAIDEN NAME

*unknown*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

*JOHNS HOPKINS HOSPITAL*

ADDRESS

18. *E931.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Heart Stroke*

*6 hr*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

*P. Fisher* M.D.

CHIEF OR ASST. MEDICAL EXAMINER

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

*home*

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

*2814 E. Monument St.*

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

*July 16-23/1952*

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

*Exposure to hot weather*

22. I hereby certify that I attended the deceased from *7/23, 1952* to *7/23, 1952* that I last saw the deceased alive on *7/23, 1952*, and that death occurred at *7:55 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

*Thomas R. Hendrix* M.D.

23B. ADDRESS

*JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED

*7/23/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*July 26, 1952*

24C. NAME OF CEMETERY OR CREMATORY

*Baltimore Cemetery*

24D. LOCATION (City, town, or county) (State)

*North Ave. & Rose St. Balto. Md.*

DATE RECEIVED BY LOCAL REGISTRAR

*JUL 24 1952*

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*Schimunek Funeral Home, Inc.*

ADDRESS

*2601-3-5 E. Madison St.*

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of health officer		18. Signature of local health officer		19. Signature of local health officer		20. Signature of local health officer	
21. Signature of local health officer		22. Signature of local health officer		23. Signature of local health officer		24. Signature of local health officer	
25. Signature of local health officer		26. Signature of local health officer		27. Signature of local health officer		28. Signature of local health officer	
29. Signature of local health officer		30. Signature of local health officer		31. Signature of local health officer		32. Signature of local health officer	
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49. Signature of local health officer		50. Signature of local health officer		51. Signature of local health officer		52. Signature of local health officer	
53. Signature of local health officer		54. Signature of local health officer		55. Signature of local health officer		56. Signature of local health officer	
57. Signature of local health officer		58. Signature of local health officer		59. Signature of local health officer		60. Signature of local health officer	
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65. Signature of local health officer		66. Signature of local health officer		67. Signature of local health officer		68. Signature of local health officer	
69. Signature of local health officer		70. Signature of local health officer		71. Signature of local health officer		72. Signature of local health officer	
73. Signature of local health officer		74. Signature of local health officer		75. Signature of local health officer		76. Signature of local health officer	
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89. Signature of local health officer		90. Signature of local health officer		91. Signature of local health officer		92. Signature of local health officer	
93. Signature of local health officer		94. Signature of local health officer		95. Signature of local health officer		96. Signature of local health officer	
97. Signature of local health officer		98. Signature of local health officer		99. Signature of local health officer		100. Signature of local health officer	

Registered No. 52 6937

BIRTH NO.

2. DATE  
OF  
DEATH July 23, 1952

Where deceased lived. If institution: residence  
B. COUNTY before admission)

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
-------------	-----------------------	--

8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days:	If Under 24 Hours Hours: Min:
------------------	---------------------------------	----------------------------------	----------------------------------

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY
---	-----------------------------------

11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
---	--------------------------------

13. FATHER'S NAME  
Martin Ward(deceased)

14. MOTHER'S MAIDEN NAME  
Mary Kuper

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.
none	

17. INFORMANT	ADDRESS
JOHNS HOPKINS HOSPITAL	

18. 170 X I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

### ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT:

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

Mo.	WHILE AT WORK	NOT WHILE AT WORK
-----	---------------	-------------------

22. I hereby certify that I attended the deceased from 7-16, 1952, to 7-23, 1952 that I last saw the deceased alive on 7-23, 1952 and that death occurred at 7Pm. from the causes and on the date stated above.

23A SIGNATURE *Wm. Weiss Horton* M.D.

23b. ADDRESS JOHNS HOPKINS HOSPITAL	23c. DATE SIGNED 7/23/52
--	-----------------------------

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Burial

24B. DATE  
7/28/52

24C. NAME OF CEMETERY OR CREMATORY  
Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State)  
Belair Rd

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 24 1952

Handwritten: 10/11/68

Schlunck - Universal Home

~~2601-03-05 E. Madison Street.~~

STATE OF NEW YORK

IN SENATE

January 1, 1901

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE, MAY 1, 1899, CONCERNING THE LANDS BELONGING TO THE STATE.

ALBANY: J.B. LIPPINCOTT & CO. PRINTERS. 1901.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6938**

BIRTH NO. **420 6938 51-11369**

1. NAME OF DECEASED  
(Type or Print)

*Linda Block*

2. DATE OF DEATH

*July 24, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Hopkins Hosp.,*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE *MD* B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION  
*JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*Baltimore 26-34*

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)  
*1047 Quanthil Way*

5. SEX  
*Female*

6. COLOR OR RACE  
*white*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
*single*

8. DATE OF BIRTH  
*May 8, 1951*

9. AGE (In years last birthday) *14*  
If Under 1 Year: Months: Days  
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
*none*

10B. KIND OF BUSINESS OR INDUSTRY  
*none*

11. BIRTHPLACE (State or foreign country)  
*Baltimore*

12. CITIZEN OF WHAT COUNTRY?  
*U.S.*

13. FATHER'S NAME

*Gilbert Block*

14. MOTHER'S MAIDEN NAME  
*Jane De Graw*

15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no or unknown)  
*no*

16. SOCIAL SECURITY NO.  
*no*

17. INFORMANT ADDRESS  
*JOHNS HOPKINS HOSPITAL*

18. *759.0*  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) *Anoxemia*  
DUE TO  
(B) *Convulsions -*  
DUE TO  
*aspiration*  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Fibrocystic Disease*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7/24* 19*52*, to *7/24* 19*52*, that I last saw the deceased alive on *7/24* 19*52*, and that death occurred at *8:55* A.M., from the causes and on the date stated above.

23A. SIGNATURE

*Vernon P. ...*

23B. ADDRESS

*JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED

*7/24/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*July 26, 1952*

24C. NAME OF CEMETERY OR CREMATORY

*Oak Lawn Cemetery.*

24D. LOCATION (City, town, or county)

*Eastern Ave*

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

*Schimunek Funeral Home 2601-03-05 E. Madison*

*III 24 1952*

STATEMENT OF DEATH  
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Informant		13. Signature of Medical Examiner		14. Signature of Coroner		15. Signature of Jury	
16. Signature of Burial Officer		17. Signature of Cemetery		18. Signature of Funeral Home		19. Signature of Undertaker		20. Signature of Burial	
21. Signature of Interment		22. Signature of Burial		23. Signature of Burial		24. Signature of Burial		25. Signature of Burial	
26. Signature of Burial		27. Signature of Burial		28. Signature of Burial		29. Signature of Burial		30. Signature of Burial	
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96. Signature of Burial		97. Signature of Burial		98. Signature of Burial		99. Signature of Burial		100. Signature of Burial	



652

BIRTH NO. 52 6939

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6939

1. NAME OF DECEASED (Type or Print) <i>James Thomas Arrington</i>		2. DATE OF DEATH <i>July 24 - 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>604 Homestead</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>2nd.</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>at home</i>		C. CITY OR TOWN (If outside corporate limits, write R.U.C.A. and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>604 Homestead St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sep-3-1890</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Referee</i>	10B. KIND OF BUSINESS OR INDUSTRY <i>A. D. T. Co.</i>	11. BIRTHPLACE (State or foreign country) <i>Ballo. Md.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Joshua Arrington</i>		14. MOTHER'S MAIDEN NAME <i>Laura Mellor</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>212-03-7048</i>	17. INFORMANT <i>J. Arrington (son)</i>
18. <i>4424</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardiovascular Renal Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Indefinite</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Cerebral Hemorrhages</i>		<i>5 yrs</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 22, 1952</i> to <i>July 24, 1952</i> that I last saw the deceased alive on <i>July 24, 1952</i> and that death occurred at <i>6:40 a.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Notarized in Beck</i>		23B. ADDRESS <i>2818 St Paul St</i>	
23C. DATE SIGNED <i>July 24, 1952</i>		23D. ADDRESS	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>July 28/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Louder Park</i>	24D. LOCATION (City, town, or county) (State) <i>Ballo Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 24 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington, Williams</i>	25. FUNERAL DIRECTOR <i>W. B. Harrison</i>	ADDRESS <i>Ballo</i>

3033

CONFIDENTIAL

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6940**

BIRTH NO. **52 6940**

1. NAME OF DECEASED (Type or Print) <b>Josefa Sucinska</b>			2. DATE OF DEATH <b>July 23-1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>1-05</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>4078. Collington Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto.</b>		
C. Length of stay in Baltimore <b>45</b> Yrs. <del>Mon.</del> <del>Days</del>			D. STREET ADDRESS (If rural, give location) <b>4078. Collington Ave.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>68</b>		9. AGE (In years last birthday) <b>68</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Poland</b>	
13. FATHER'S NAME <b>Adam Czorny</b>			14. MOTHER'S MAIDEN NAME <b>Rosalie Czorny</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Sophia Placek 4078. Collington Ave</b>	

18. <b>447 X E9319</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>Senility</b>			
DUE TO					
ANTECEDENT CAUSES		(B) <b>hypertension art. scl. durin</b>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C) <b>heat</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Apr. 6</b> , 19 <b>52</b> , to <b>July 23</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Mar. 6</b> , 19 <b>52</b> , and that death occurred at <b>11 a. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Sigmund R. Nowak</b>		23B. ADDRESS <b>408 S. Path. Ph. An.</b>		23C. DATE SIGNED <b>7-23-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 26-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Rosary</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto. Co. Md.</b>		24E. FUNERAL DIRECTOR <b>Wm. S. Fialkowski</b>		24F. ADDRESS <b>2007 Eastern Ave</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 24 1952</b> REGISTRAR'S SIGNATURE <b>Huntington Williams</b>					



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6941**

BIRTH NO. **2 55 52 6941**

1. NAME OF DECEASED (Type or Print) <b>WALTER A. AKOMON</b>			2. DATE OF DEATH <b>July 23, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Johns Hopkins Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>2031 E. Fairmount Avenue</b>			E. LENGTH OF STAY IN BALTIMORE <b>Yrs. Mos. Days</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Oct. 31-1917</b>	9. AGE (In years last birthday) <b>34</b>	10. UNDER 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Self-employed</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Tavern Owner</b>		
13. FATHER'S NAME <b>Walter Akonom</b>			14. MOTHER'S MAIDEN NAME <b>Laura Lentowska</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>213-01-3334</b>		
17. INFORMANT <b>Sophie Akonom</b>			ADDRESS <b>2031 E. Fairmount Avenue</b>		

18. <b>E931.0 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Heat prostration</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B)</b> DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Extreme obesity</b>		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>2031 E. Fairmount Avenue</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>July 22, 1952 12:30 P.m.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Exhaustion from heat</b>

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>R. J. [Signature]</b>	23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED <b>July 24, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>July 28-1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Rosary</b>
24D. LOCATION (City, town, or county) (State) <b>Balto. Co. Md.</b>	25. FUNERAL DIRECTOR <b>Wm. S. Fialkowski</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 24 1952</b>		ADDRESS <b>2007 Eastern Ave</b>

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1141

50

DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL

1141

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ADJUTANT GENERAL

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52 6942  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6942  
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Adela Wladkowski		July 23-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)	
Balto. City		A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write R.U.A. and give township)	
119 S. Broadway		Balto. City 2-02	
D. STREET ADDRESS (If rural, give location)		119 S. Broadway	
5. SEX		8. DATE OF BIRTH	
Female		76	
6. COLOR OR RACE		9. AGE (In years last birthday)	
White		76	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Widowed		Housewife	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
Housewife			
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
John Zborowski		Poland	
14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
L			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
(If yes, give war or dates of service)			
17. INFORMANT		ADDRESS	
Alek Wladkowski		119 S. Broadway	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
420.1, E931.9		Coronary Thrombosis	
DUE TO		O myocardial infarction	
ANTECEDENT CAUSES		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Arteriosclerosis & Hypertension Cardiovascular Disease	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Possibly overheated	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
none		none	
20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
no			
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 22, 1952 to July 23, 1952 that I last saw the deceased alive on July 2, 1952 and that death occurred at 6:30 A. M., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
M. Miller		1613 E. Baltimore St	
23C. DATE SIGNED		7-23-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		July 26-1952	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Holy Rosary		Balto. Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
JUL 24 1952		Huntington Williams, M.D.	
FUNERAL DIRECTOR		ADDRESS	
Wm. S. Fialkowski		2007 Eastern Ave	

5140

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

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52 6943

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6943

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Miss Katherine Regan REAGAN

2. DATE  
OF  
DEATH

7-22-1952

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

ST. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 12-02

D. STREET ADDRESS (If rural, give location)

3501, ST. Paul St.

Length of stay in Baltimore

SEX  
Female

6. COLOR OR RACE  
white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
single

8. DATE OF BIRTH  
9-16-1868

9. AGE (in years  
last birthday)  
83

10 Under 1 Year  
Months: Days  
11 Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

1B. 260X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Pulm. edema.  
DUE TO Hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Arterioscl. Cardio Vasc.  
DUE TO Disease

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

29 June '52

19B. MAJOR FINDINGS OF OPERATION

Amputation - Right leg

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-26, 1952 to 7-22, 1952, that I last saw the  
deceased alive on 7-22, 1952 and that death occurred at 11:40 AM from the causes and on the date stated above.

23A. SIGNATURE

N. L. Kung

23B. ADDRESS

ST. Agnes Hosp

23C. DATE SIGNED

7-22-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/26/52

24C. NAME OF CEMETERY OR CREMATORY

Catharine

24D. LOCATION (City, town, or county)

2nd Frederick Rd

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

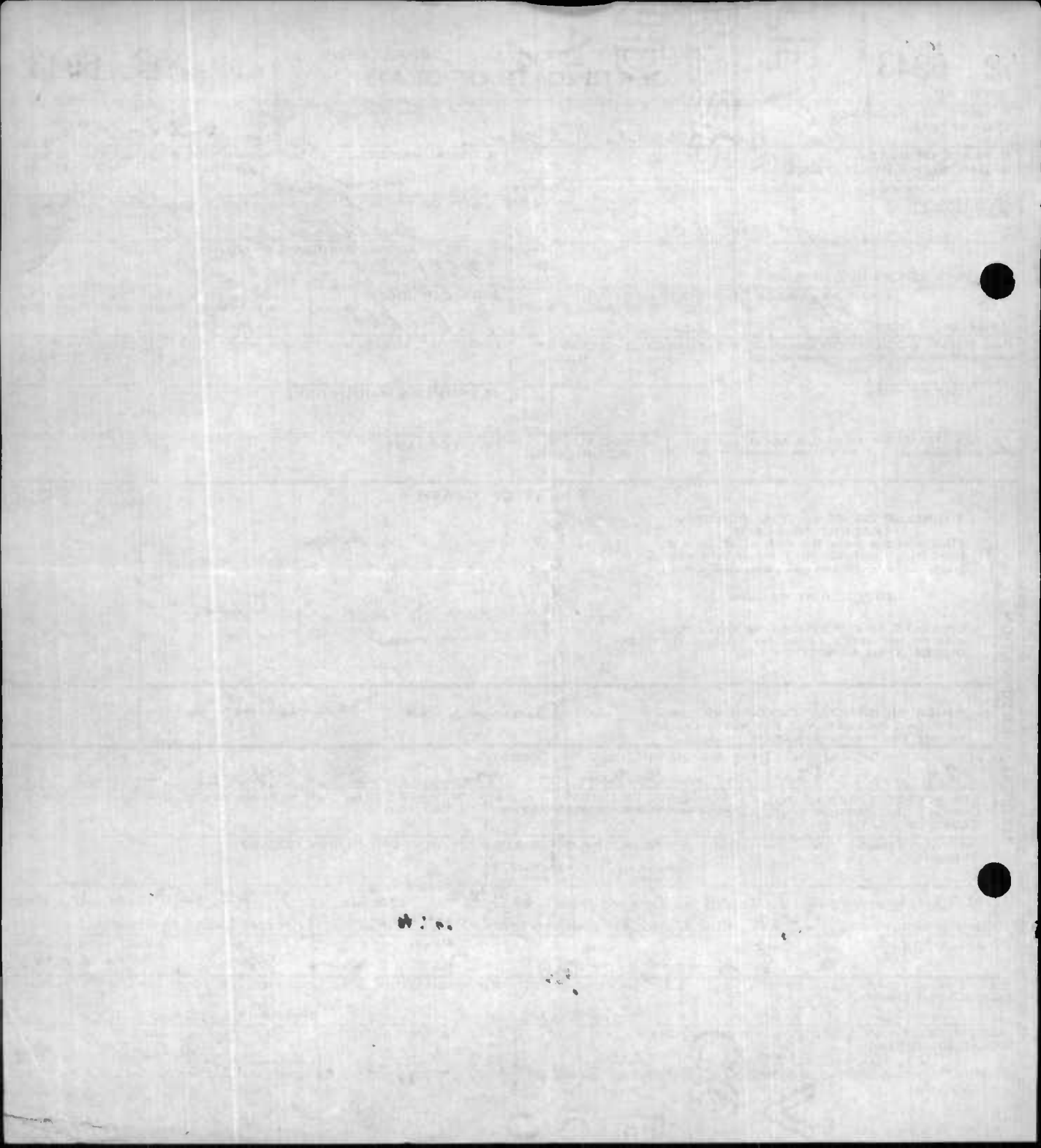
Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

1318 Light

JUL 24 1952



52 6944  
BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6944  
Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>CHARLES HENRY MILLER (MR.)</b>		2. DATE OF DEATH <b>7-21-52</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MARYLAND</b> b. COUNTY <b>BALTIMORE</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNION MEMORIAL HOSPITAL</b>		c. CITY OR TOWN (If outside corporate limits, write full name and give township) <b>BALTIMORE 30</b>	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) <b>1287 WILLIAM ST</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MARCH 29, 1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen</b>	9. AGE (in years last birthday) <b>70</b>
13. FATHER'S NAME <b>GEORGE MILLER (D)</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>MARY SMITH (D)</b>	
17. INFORMANT <b>JOHN M. MILLER (SON)</b>		ADDRESS <b>1287 WILLIAM ST. BALTIMORE 30 MD.</b>	

CERTIFICATION	18. 470.0 I	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	Myocardial Infarction	
	ANTECEDENT CAUSES	DUE TO		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	Arteriosclerotic Heart Disease	
		DUE TO	(C)	generalized arteriosclerosis
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

MEDICAL	19A. DATE OF OPERATION 7/		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> m. AT WORK		21F. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from <u>JUNE 22,</u> 19 <u>52</u> , to <u>JULY 21,</u> 19 <u>52</u> , that I last saw the deceased alive on <u>JULY 21,</u> 19 <u>52</u> , and that death occurred at <u>11:35 P.</u> m., from the causes and on the date stated above.					
	23A. SIGNATURE <u>Leslie D. Hubbard</u>		23B. ADDRESS <u>Union Memorial Hosp.</u>		23C. DATE SIGNED <u>July 22, 1952</u>	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>7/25/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Lansdown Park</u>		24D. LOCATION (City, town, or county) (State) <u>Fredrick Rd</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>JUL 24 1952</u>		REGISTRAR'S SIGNATURE <u>H. E. + Wm. +</u>		25. FUNERAL DIRECTOR <u>J. J. + Sons</u> ADDRESS <u>318 Light</u>		

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6945

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>John A. Maier</b>		2. DATE OF DEATH <b>July 22, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>821 N. Patterson Park Ave</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>821 N. Patterson Park Ave</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>FEB 26, 1878</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DELIVERY CLERK</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>TERMINAL WAREHOUSE</b>	9. AGE (In years last birthday) <b>74</b>
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13. FATHER'S NAME <b>CONRAD MAIER</b>		14. MOTHER'S MAIDEN NAME <b>NOT KNOWN</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Moffett (Daughter)</b>		ADDRESS <b>821 N. Patterson Park Ave</b>	

18. **331X**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Cerebral Hemorrhage****4 Hrs**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Cerebral Arteriosclerosis**

DUE TO

(C) **Generalized Arteriosclerosis**

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

**None****None**YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

**None****No ne****None**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

**None**WHILE AT WORK ☒ NOT WHILE AT WORK ☐**None**22. I hereby certify that I attended the deceased from **January**, 19**50**, to **July 22**, 19**52**, that I last saw the deceased alive on **July 22**, 19**52**, and that death occurred at **11:00 m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

**Charles P. Osney M. D.****2722 E. Monument St.****7/22/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

**BURIAL****7-26-52****HOLY REDEEMER****BALTIMORE MD.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**JUL 24 1952****Huntington Williams, M.D.****FR. CHAGAN SOKA 900 CHESTER ST**

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DIRECTOR OF THE  
BUREAU OF THE  
CENSUS

U.S. DEPARTMENT OF COMMERCE

WASHINGTON, D.C.

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)3. PLACE OF DEATH:  
A. Baltimore City, MarylandB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE B. COUNTY before admission)

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1 and E931.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from Aug 1, 1951 to Aug 23, 1951, that I last saw the  
deceased alive on Aug 23, 1951, and that death occurred at 12:00 a.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

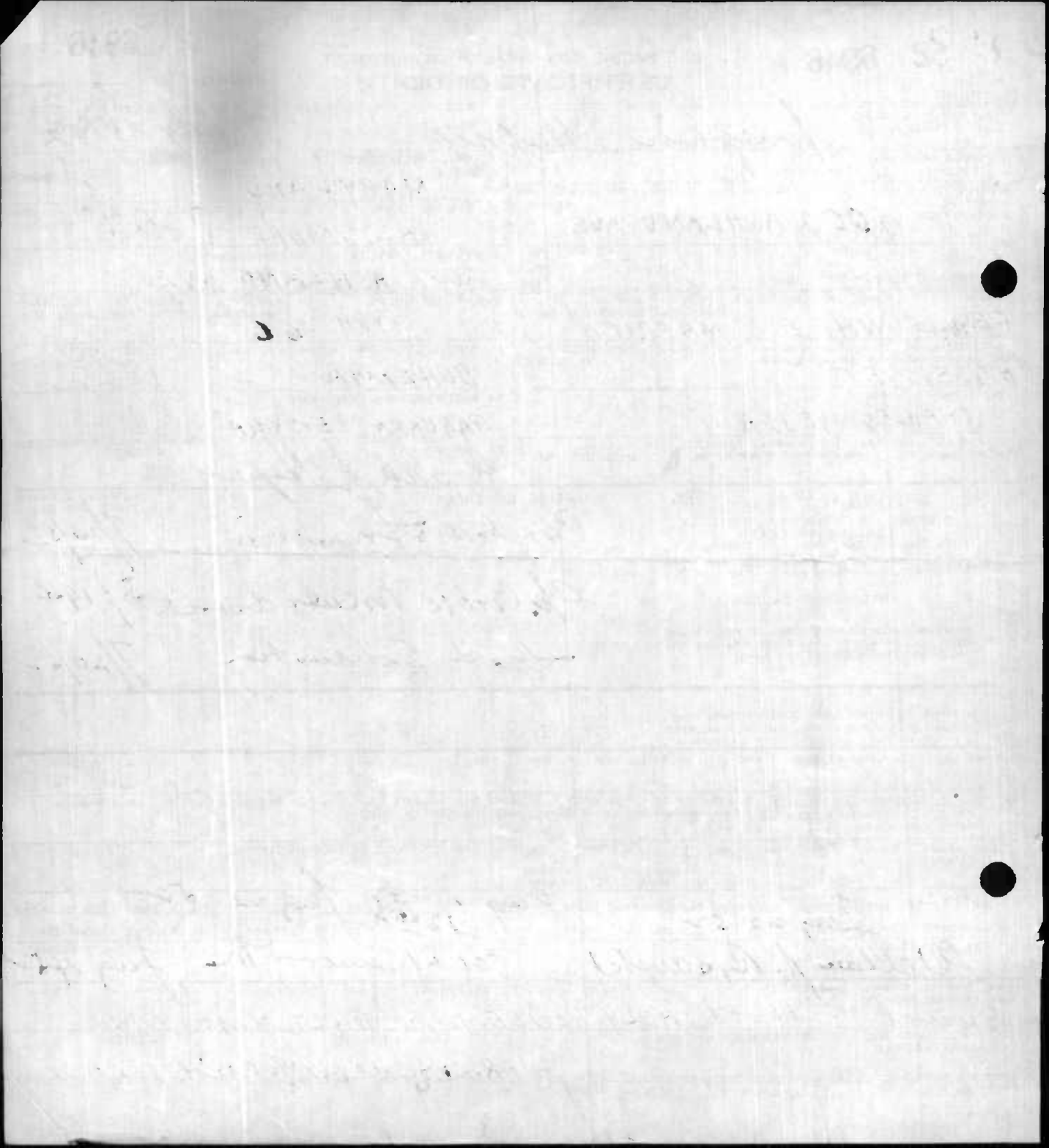
25. FUNERAL DIRECTOR

ADDRESS

JUL 24 1952 Huntington, Wm. E. M. O.

FR. CYRIL &amp; SONS 900 N. CHESTER ST

N-981X



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6947  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>ADAM. Fillipo vich</b>			2. DATE OF DEATH <b>7-22-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location) <b>Doctors Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 22-01</b>		
D. STREET ADDRESS (If rural, give location) <b>14 W. Hill St.</b>			5. SEX <b>M.</b>		
6. COLOR OR RACE <b>W.</b>			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Warehouseman</b>			11. BIRTHPLACE (State or foreign country) <b>Russia</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>Shavitz Furniture Co.</b>			12. CITIZEN OF WHAT COUNTRY? <b>Russia</b>		
13. FATHER'S NAME <b>FILLIPOWICH (R)</b>			14. MOTHER'S MAIDEN NAME <b>NOT KNOWN</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <b>Pauline Makarsky</b>			ADDRESS <b>1350 E. Fort Ave</b>		

18. <b>434.3 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute Cardiac vessel</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **7/21**, 19**52**, to **7/22**, 19**52**; that I last saw the deceased alive on **7-22**, 19**52**, and that death occurred at **11:35** p. m., from the causes and on the date stated above.

23A. SIGNATURE **M. L. Condo** M. D. **7255 Linden** 23C. DATE SIGNED \_\_\_\_\_

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>JULY 25-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>HOLY TRINITY RUSSIAN</b>	24D. LOCATION (City, town, or county) (State) <b>ELK RIDGE, MD</b>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>J. A. Greblinckus Jr</b>	
		ADDRESS <b>1905 E Pratt</b>	

JUL 24 1952

970 BG

MEDICAL CERTIFICATION

Dr Chidekel



626  
52 6948BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6948

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Edward Parker

2. DATE  
OF DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

Provit Hosp.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Crawfordsville

D. STREET ADDRESS (If rural, give location)

State Hosp.

5. SEX

Male Colored

10A. USUAL OCCUPATION (Give kind of work, including most of working life, even if retired)

Chauffeur

13. FATHER'S NAME

Rheuben Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Feb. 6, 1919

9. AGE (In years last birthday)

33

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTH PLACE (State or foreign country)

Franklin, Va. U. S. A.

14. MOTHER'S MAIDEN NAME

Bessie Hunt

17. INFORMANT

Mr. Lloyd Parker

5525 Oliverford Ave. Phila. Pa.

18. 526 X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Respiratory Arrest

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Left Lung Abscess

10 months

(C)

Chronic Bronchiectasis

10 months

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Schizophrenia

2 yrs.

19A. DATE OF OPERATION

7/22/52

19B. MAJOR FINDINGS OF OPERATION

Left Lung Abscess

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov 1951, to July 22, 1952, that I last saw the deceased alive on July 22, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Marcus W. Moore Sr. M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

7/24/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

July 27, 1952

24C. NAME OF CEMETERY OR CREMATORY

Family Plot

24D. LOCATION (City, town, or county) (State)

Franklin, Va.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. GENERAL DIRECTOR

1651 Druid Hill Ave

2126

12

12

12

12



264

COCKRELL  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6949

Registered No.

52 6949

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Cockrell, Gertrude

2. DATE  
OF  
DEATH

7/22/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

36 Franklin Square Hospital

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1711 W. BALTO. ST.

5. SEX

Fe

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1881  
Oct. 26, 1881

9. AGE (In years last birthday)

70

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S M maiden NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

Mrs. EARL Booth

ADDRESS

1711 W. BALTO. ST.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage

DUE TO

18 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C) Atherosclerosis, coronary

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-22-1952, to 7-22-1952, that I last saw the deceased alive on 7-22-1952, and that death occurred at 10:31 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. H. Williams

23B. ADDRESS

211 E. L. H. H. H.

23C. DATE SIGNED

7-22-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7-26-52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

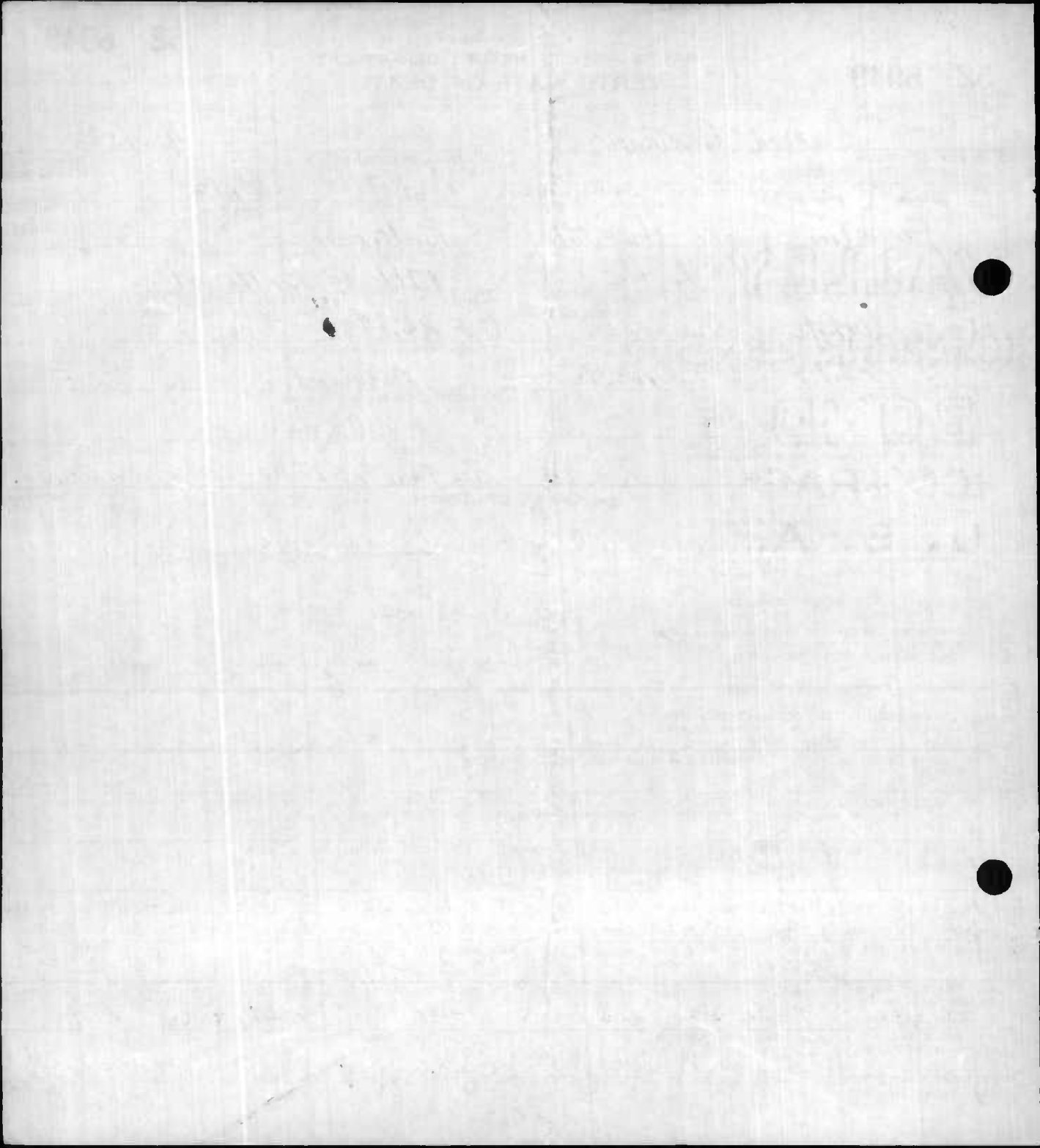
Geo. L. Schwab 2101 Frederick Ave.

ADDRESS

JUL 25 1952

720FA

correct age is especially important. Infants: please write the cause of death clearly and briefly.



52 6950

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6950

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Elizabeth Barbara Ostovitz

2. DATE  
OF  
DEATH

7-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give  
township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

40 yrs.

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 447X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Essential hypertension  
- heart failure

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on 23. 7. 1952, and that death occurred at 1:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

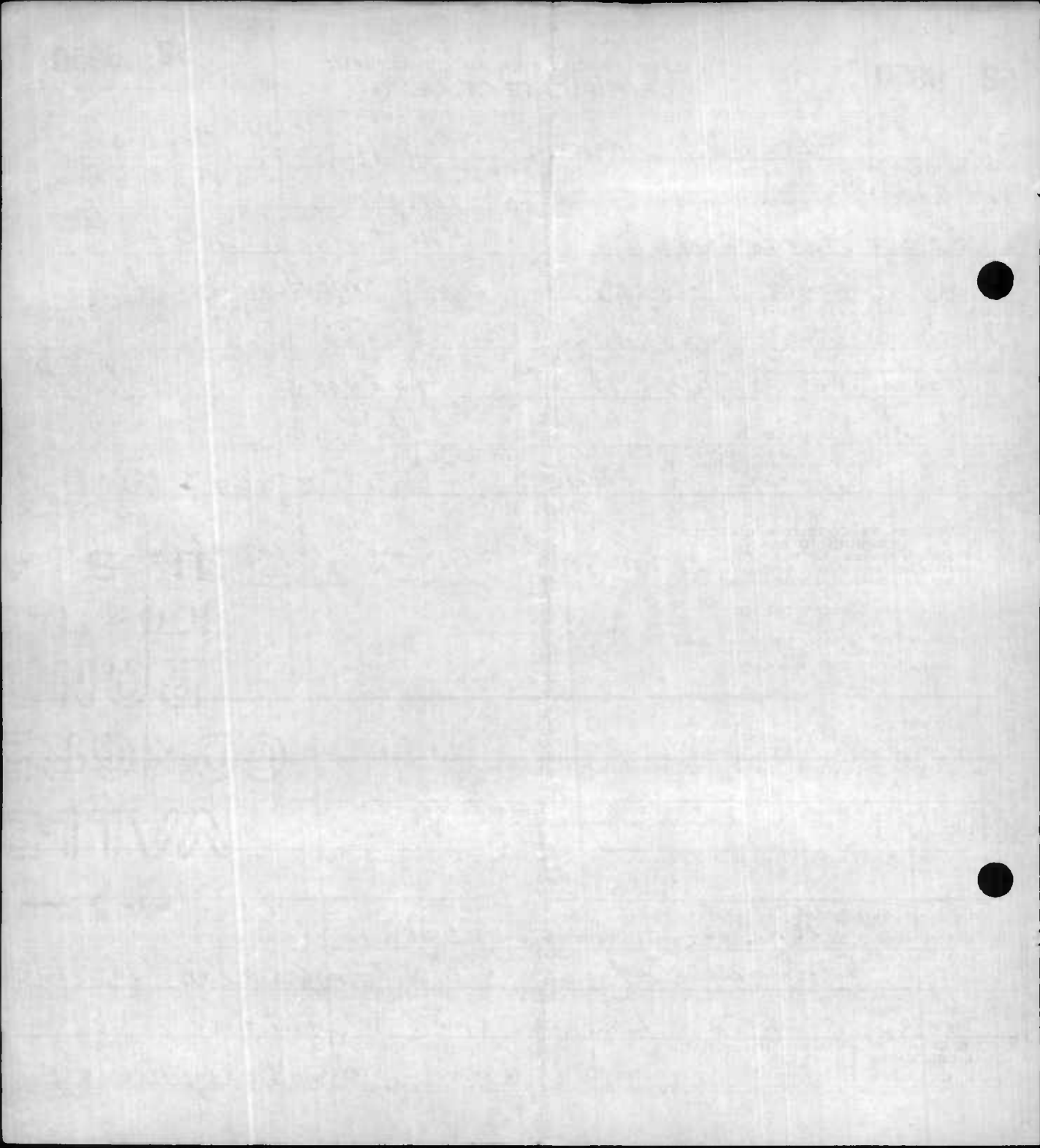
25. FUNERAL DIRECTOR

ADDRESS

JUL 25 1952

Huntington Williams M.D.

Georg. Schunke 2101 Frederick Ave.





200

LEWIS

52 6951

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6951  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HAROLD E. Lewis

2. DATE  
OF  
DEATH

7/23/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Md

B. COUNTY

(Balt)

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

ST Agnes Hosp

C. CITY OR TOWN

Balt

(If outside corporate limits, write RURAL and give township)

25-31

D. STREET ADDRESS (If rural, give location)

410 HAYLETT AVE 29

Length of stay in Baltimore

20 YRS.

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

11/18/12

9. AGE (In years

last birthday)

39

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Steel ENGINEER

10B. KIND OF BUSINESS OR  
INDUSTRY

GMS &amp; ELEC. CO.

11. BIRTHPLACE (State or foreign country)

Cambridge, Md

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas LEWIS

14. MOTHER'S MAIDEN NAME

Marie Robin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Wife 410 HAYLETT AVE.

18. E-931.91

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) HYPERTENSION  
DUE TO

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) HEAT EXHAUSTION  
DUE TO

(C)

CERTIFICATION APPROVED BY

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

M.D.

CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

Country

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Eastern shore 59/13

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

7/21/52 - 7/23/52 m.

21E. INJURY OCCURRED

WHILE AT  
WORKNOT WHILE  
AT WORK

21F. HOW DID INJURY OCCUR?

Occupation &amp; exposure to heat.

22. I hereby certify that I attended the deceased from 7/23/1952 to 7/23/1952, that I last saw the  
deceased alive on 7:25 P 7/23/52, and that death occurred at 7:55 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

M.O.

ST Agnes Hosp

23C. DATE SIGNED

7/23/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

7-26-52

24C. NAME OF CEMETERY OR CREMATORY

Dorchester Memorial

24D. LOCATION (City, town, or county) (State)

Cambridge, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

GEO. L. Schwab 210 Frederick Ave.

VS 150

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MEDICAL CERTIFICATION

100

THE UNITED STATES OF AMERICA  
DEPARTMENT OF HEALTH  
BUREAU OF PUBLIC HEALTH

100



52 6952 362 VMC-160958	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	52 6952 Registered No.
BIRTH NO.		
1. NAME OF DECEASED (Type or Print) <b>Melvina Strickland</b>		2. DATE OF DEATH <b>7-23-52</b>
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR <b>Baltimore City Hospitals</b> INSTITUTION <b>4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 20-02</b>
Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>2104 W. Vine St. -23</b>
5. SEX <b>T</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SEAMSTRESS</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Clothing</b>
13. FATHER'S NAME <b>John W. Trogler (D)</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>
14. MOTHER'S MAIDEN NAME <b>Mary J. Atkinson</b>		17. INFORMANT ADDRESS <b>Records: B. C. H. 4940 Eastern Ave.</b>
18. <b>470.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>215-07-5482</b> <b>CAUSE OF DEATH</b> (A) <b>Cardio-Vascular Accident</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <b>6 days.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Arteriosclerotic Heart Disease</b>		<b>y rs.</b>
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>7-11-</b> , 19 <b>52</b> to <b>7-23-</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>7-23-</b> , 19 <b>52</b> , and that death occurred at <b>9:30P</b> m., from the causes and on the date stated above.		
23A. SIGNATURE <b>Ed. Rogers</b>		23B. ADDRESS <b>4940 Eastern Ave.</b>
23C. DATE SIGNED <b>7-24-52</b>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>7-26-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Louisa Park</b>
24D. LOCATION (City, town, or county) (State) <b>BALTO., Md.</b>	24E. FUNERAL DIRECTOR <b>GEORGE SCHWAB</b>	24F. ADDRESS <b>2101 FREDERICK AVE</b>
VS 150 <b>6904G</b>		

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52 6953BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6953

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ERNST H. J. GYR

2. DATE  
OF  
DEATH

July 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1736 Montpelier St.

C. Length of stay in Baltimore

45

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1736 Montpelier St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 8th, 1866

9. AGE (In years  
last birthday)

86

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

maintenance man

10B. KIND OF BUSINESS OR  
INDUSTRY

Gas &amp; Elec. Co.

11. BIRTHPLACE (State or foreign country)

Switzerland

12. CITIZEN OF  
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Jacob Gyr Rev. Heinrich Gyr

14. MOTHER'S MAIDEN NAME

Unknown Marie Groben

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

218-10-3290

17. INFORMANT

ADDRESS

Miss Tabitha B. Gyr, 1736 Montpelier St.

18.

442x

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Chronic Myocarditis  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Arteriosclerotic Cardiovascular  
DUE TO Renal Disease  
(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1951, to July 23, 1952 that I last saw the  
deceased alive on July 23, 1952, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

July 26, 1952

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

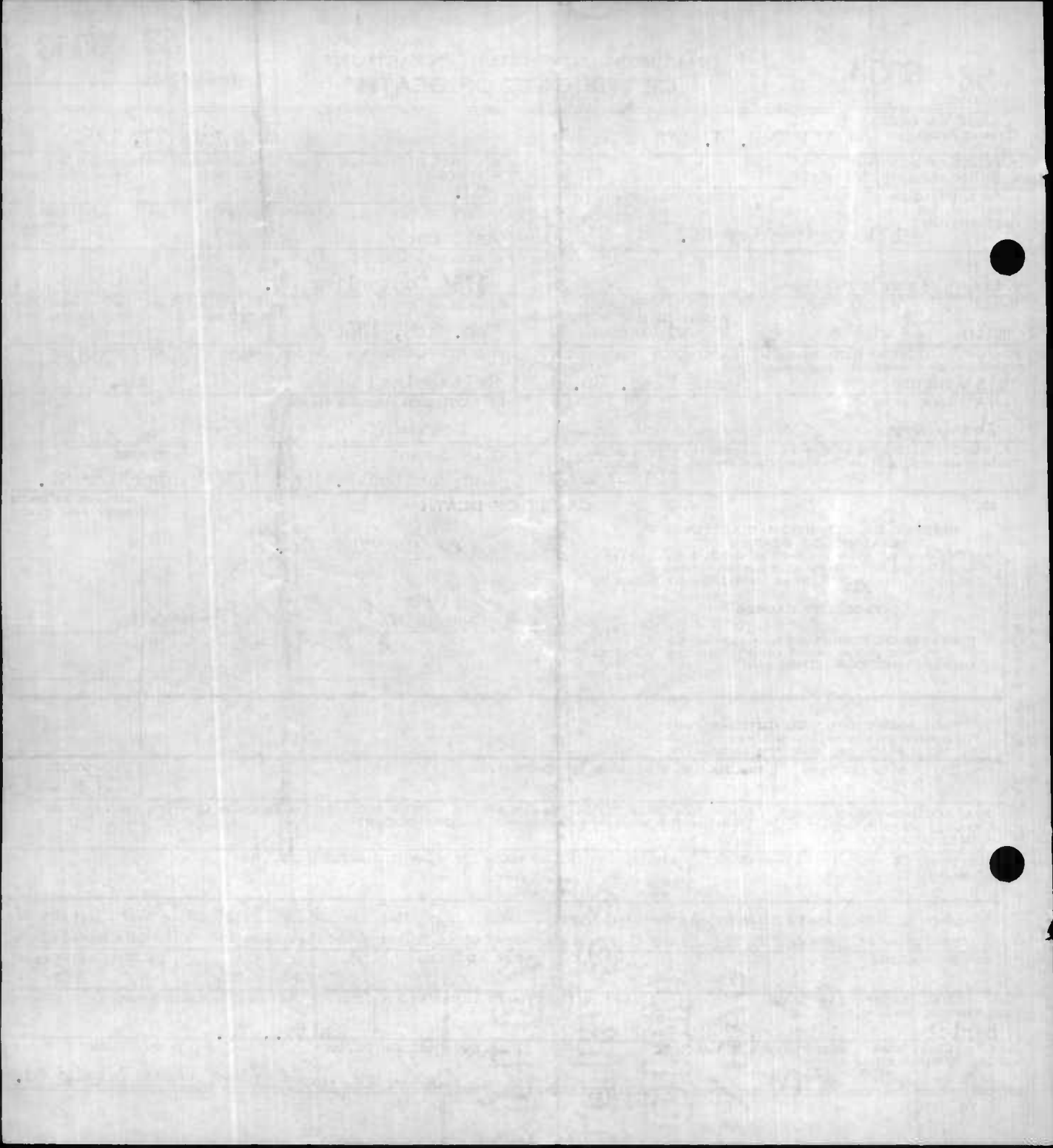
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 25 1952

7401 Belair Rd.





# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 6954**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Dr. CALEB W. G. ROHRER**

2. DATE  
OF  
DEATH

**July 23, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Baltimore City Morgue**

Yrs.  
Mos.  
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**2814 Ailsa Avenue**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**widowed**

8. DATE OF BIRTH

**Nov. 20th, 1873**

9. AGE (In years last birthday)

**78**

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Physician**

10B. KIND OF BUSINESS OR INDUSTRY

**St. Dept. of Health**

11. BIRTHPLACE (State or foreign country)

**Washington Co., Md.**

12. CITIZEN OF WHAT COUNTRY?

**USA**

13. FATHER'S NAME

**Jacob Rohrer**

14. MOTHER'S MAIDEN NAME

**Barbara Wyand**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**no**

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Mrs. Shank, Keedysville, Md.**

18. **477.1**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*William Updegraff*

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

**July 23, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**burial**

24B. DATE

**July 25, 1952**

24C. NAME OF CEMETERY OR CREMATORY

**Fairview Cemetery**

24D. LOCATION (City, town, or county)

**Keedysville, Md.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams*

25. FUNERAL DIRECTOR

ADDRESS

**7401 Belair Road**

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1220

2

CERTIFICATE OF DEATH

1914

620  
52 6955BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6955

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DORA E. MARX

2. DATE  
OF  
DEATH

July 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

JENKINS Memorial Hospital.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1607 Cypress St.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

12-5-'88

9. AGE (In years  
last birthday)

64

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Bernard Fisher

14. MOTHER'S MAIDEN NAME

Bernardine Bloodkamp

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Pneumonia, rt. middle lobe

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Arthritis deformans.

Paralysis Agitans

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to July 23, 1952, that I last saw the  
deceased alive on July 23, 1952, and that death occurred at 6:20 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 25 1952

Huntington Williams

The Funeral Home - 7401 Belair Rd.

688 57

STATE OF NEW YORK  
DEPARTMENT OF HEALTH

1911

IN SENATE, JANUARY 11, 1911.

REPORT OF THE COMMISSIONER OF HEALTH.

FOR THE YEAR 1910.

ALBANY: JAMES B. LEECH, STATE PRINTER.

1911.

THE STATE OF NEW YORK.

DEPARTMENT OF HEALTH.

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1911.

THE STATE OF NEW YORK.

DEPARTMENT OF HEALTH.

IN SENATE, JANUARY 11, 1911.

652  
52 6956BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6956  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DR. ALBERT KERMISCH

2. DATE  
OF  
DEATH

7-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Univ. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY BALT.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1934 Wilkens Ave

20-03

5. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

May 27, 1907

9. AGE (in years  
last birthday)

45

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Physician

10B. KIND OF BUSINESS OR  
INDUSTRY

MEDICAL

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Sol Kermisch

14. MOTHER'S MAIDEN NAME

Sarah Dembo

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Dorothy Kermisch 1934 Wilkens Ave

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

CEREBRO - VASCULAR ACCIDENT

DUE TO

H.C.U.D.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 7-1 52 19, to 7-24, 1952, that I last saw the  
deceased alive on 7-23, 1952, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Wm. R. Greco

M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

7-24-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

July 25, 1952

24C. NAME OF CEMETERY OR CREMATORY

Aitz Chaim Cong Cemetery

24D. LOCATION (City, town, or county)

Washington Blvd

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

MEDICAL CERTIFICATION

STYRENE POLYMERIZATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6957**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**KAROLINE DEUTSCH**

2. DATE  
OF  
DEATH

**July 24, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
**2450 Lakeview Ave**

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE **Maryland** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)  
**2450 Lakeview Ave**

E. Length of stay in Baltimore

**6 Months**

5. SEX  
**Female**

6. COLOR OR RACE  
**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**Widow**

8. DATE OF BIRTH  
**1875**

9. AGE (In years last birthday)  
**77**

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**housewife**

10B. KIND OF BUSINESS OR INDUSTRY  
**own home**

11. BIRTHPLACE (State or foreign country)  
**Prag**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Samuel Schriber**

14. MOTHER'S MAIDEN NAME

**Amelia ?**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**Emil Deutsch 2450 Lakeview Ave**

18.

**153X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinoma of the colon**  
DUE TO **c. widespread metastases**

**about 6 mos**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **7/20/52**, 19**52** to **7/24**, 19**52** that I last saw the deceased alive on **7/24**, 19**52** and that death occurred at **2:30 pm.**, from the causes and on the date stated above.

23A. SIGNATURE

**R. Weininger**

M. D.

23B. ADDRESS

**912 Brooks Lane**

23C. DATE SIGNED

**7/24/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24B. DATE

**July 25, 1952**

24C. NAME OF CEMETERY OR CREMATORY

**Oheb Shelom Cemetery**

24D. LOCATION (City, town, or county)

**Baltimore Md**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams**

25. FUNERAL DIRECTOR

**Sal Levenson & Son**

ADDRESS

**126 W North Ave**

748 9

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

January 1, 1914

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 29th inst.

and in reply to inform you that the same has been forwarded to the

proper authorities for their consideration.

I am, Sir, very respectfully,  
Yours very truly,  
J. B. H. [Signature]

Enclosed for you are two copies of the report of the

Commissioner of the General Land Office, dated December 1, 1913,

relative to the proposed sale of the lands in question.

I am, Sir, very respectfully,  
Yours very truly,  
J. B. H. [Signature]

Enclosed for you are two copies of the report of the

Commissioner of the General Land Office, dated December 1, 1913,

relative to the proposed sale of the lands in question.

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I am, Sir, very respectfully,  
Yours very truly,  
J. B. H. [Signature]

Enclosed for you are two copies of the report of the

Commissioner of the General Land Office, dated December 1, 1913,

relative to the proposed sale of the lands in question.

100  
52 6958BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6958

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>James Savoy</i>		2. DATE OF DEATH <i>7.23.52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>920 W. Saratoga St</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>22 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>920 W Saratoga St</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>2/27/1890</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cement finisher</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Contracting</i>	
13. FATHER'S NAME <i>Richard Savoy</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Jones</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mary Mallick</i>		ADDRESS <i>709 Mullany St</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>4 yrs. 1 and 3 yrs. 1</i> <b>CARDIO VASCULAR DISEASE?</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Pronounced alcoholic?</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>July 21, 1952</i> and that death occurred at <i>July 23, 1952</i> from the causes and on the date stated above.			
23A. SIGNATURE <i>W. H. Johnson</i>		23B. ADDRESS <i>403 Medart St</i>	
23C. DATE SIGNED <i>7.23.52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7/26/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mt Auburn St</i>		24D. LOCATION (City, town or county) (State) <i>Balt City</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 25 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>108 W</i>		ADDRESS <i>Montgomery St</i>	
VS 150 <i>found dead in bed.</i> <i>97024</i>			

MEDICAL CERTIFICATION

correct age is necessary important. Physicians: please write the causes of death clearly and legibly.

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

500  
52 6959BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6959  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Christina Bowen</i>		2. DATE OF DEATH <i>22 July 52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>820 N Bentall Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 16-05</i>	
C. Length of stay in Baltimore <i>7</i> Days		D. STREET ADDRESS (If rural, give location) <i>820 Bentall Avenue</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>2 Nov. 1904</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>47</i>
13. FATHER'S NAME <i>William E. Pegee</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Margaret Johnson</i>	
17. INFORMANT		ADDRESS	

18. <i>4200</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic Nephritis</i> CAUSE OF DEATH (A) <i>Chronic Nephritis</i> DUE TO <i>Arteriosclerotic Heart D.</i> (B) <i>Arteriosclerotic Heart D.</i> DUE TO (C) <i></i>	INTERVAL BETWEEN ONSET AND DEATH <i>8 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

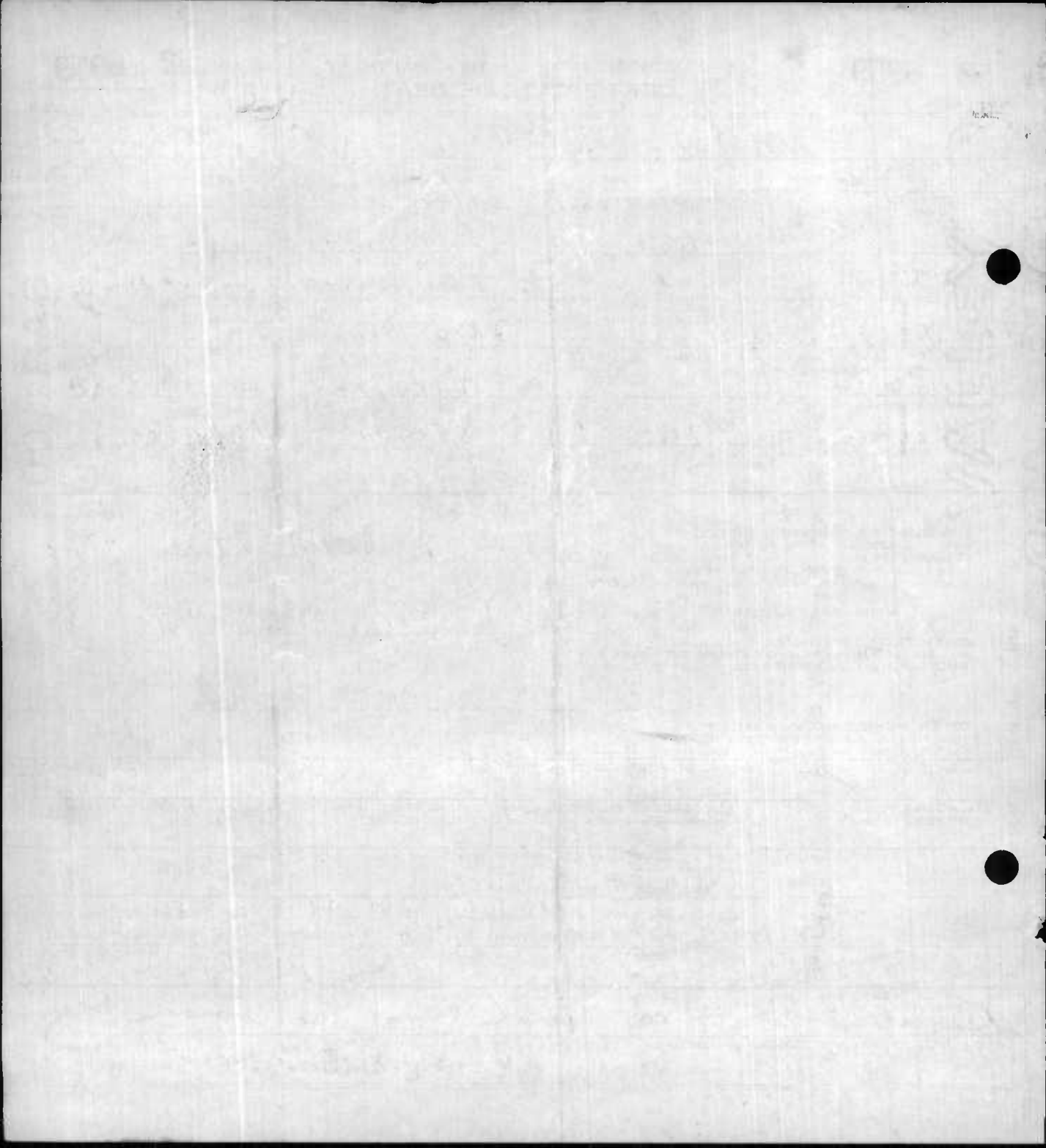
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *16 July*, 19*46* to *21 July*, 19*52*, that I last saw the deceased alive on *21 July*, 19*52*, and that death occurred at *1:00 PM.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Renold B. Lidsky</i>	23B. ADDRESS <i>501 Cherry Hill Rd</i>	23C. DATE SIGNED <i>22 July 52</i>
---	---	---------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7-25-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mount Zion Cem</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 25 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington W. Witten</i>	25. FUNERAL DIRECTOR <i>Elroy O'Brien</i>	ADDRESS <i>1000 Beauty Ave</i>
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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6960  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Ruth Meredith</b>		2. DATE OF DEATH <b>7/21/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hosp</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore <b>30</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>310 S. Fremont 21-01</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>6/4/1912</b>
10A. USUAL OCCUPATION (Give kind of work, indicating most of working life, even if retired) <b>Homemaker</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at Home</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>James Meredith</b>		14. MOTHER'S MAIDEN NAME <b>Ida Brown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mary Spencer</b>		ADDRESS <b>758 W. Redwood St.</b>	

18. <b>443x I</b> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Cerebro-Vascular accident</b>		<b>22 hrs</b>
DUE TO (A)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertensive Cardio-Vascular Disease</b>		<b>4 yrs?</b>
DUE TO (B)		
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>7/21</b> , 1952 to <b>7/21/52</b> , 19, that I last saw the deceased alive on <b>7/21/52</b> , 19, and that death occurred at <b>11:02 pm.</b> , from the causes and on the date stated above.				

23A. SIGNATURE <b>Henry B. Smith</b>		23B. ADDRESS <b>University Hospital</b>		23C. DATE SIGNED <b>7/21/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>7-25-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Kent Island</b>
24D. LOCATION (City, town, or county) <b>Baltimore</b>		24E. LOCATION (City, town, or county) <b>Baltimore</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 25 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>Elioy Wilson</b>
				ADDRESS <b>1000 Beatty</b>

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0000

0000

5/1/5

at 10:00 AM

at 10:00 AM

at 10:00 AM

at 10:00 AM

at 10:00 AM

at 10:00 AM

at 10:00 AM

correct age is extremely important. Physicians: please write the causes of death clearly and legibly.

52 6961

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6961

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Lawrence Saiter Saiter

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Cal 2

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

6-04

D. STREET ADDRESS (If rural, give location)

1811 Jefferson St.

C. Length of stay in Baltimore

18 yrs.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 10, 1906

9. AGE (in years  
last birthday)

46

10. Under 1 Year  
Months: Days

11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborman

10B. KIND OF BUSINESS OR  
INDUSTRY

Iron Remedy

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Abraham Saiter

14. MOTHER'S MAIDEN NAME

Mona Saiter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cardiovascular accident

DUE TO

24 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Cerebral arteriosclerosis

DUE TO

?

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

hypertensive cardiovascular disease

4 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., In or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from 7-20, 1952 to 7-22, 1952 that I last saw the  
deceased alive on 7-22, 1952, and that death occurred at 4:35 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

7-25-52

mt cemetery

Brooklyn Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

502 25 1952

William Williams

Elroy Wilson

1111 Brantley Ave

1941

DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

1941

NAME OF DECEASED		DATE OF DEATH	
SEX		AGE	
RACE		EDUCATION	
OCCUPATION		MARRIAGE	
PLACE OF BIRTH		PLACE OF DEATH	
CAUSE OF DEATH		MANNER OF DEATH	
SIGNATURE OF DECEASED		SIGNATURE OF WITNESS	
SIGNATURE OF PHYSICIAN		SIGNATURE OF CLERGYMAN	
SIGNATURE OF JUDGE		SIGNATURE OF SHERIFF	
SIGNATURE OF CORONER		SIGNATURE OF JURY	
SIGNATURE OF DISTRICT ATTORNEY		SIGNATURE OF COUNTY CLERK	
SIGNATURE OF TOWNSHIP CLERK		SIGNATURE OF VILLAGE CLERK	
SIGNATURE OF CITY CLERK		SIGNATURE OF STATE CLERK	
SIGNATURE OF NATIONAL CLERK		SIGNATURE OF INTERNATIONAL CLERK	
SIGNATURE OF UNITED NATIONS CLERK		SIGNATURE OF WORLD CLERK	
SIGNATURE OF PLANET CLERK		SIGNATURE OF GALAXY CLERK	
SIGNATURE OF UNIVERSE CLERK		SIGNATURE OF COSMOS CLERK	
SIGNATURE OF DEATH CLERK		SIGNATURE OF LIFE CLERK	

52 6962

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6962

Registered No.

BIRTH NO. 51-28281

1. NAME OF DECEASED  
(Type or Print)

Douglas, Williams

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. city

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 6-05

D. STREET ADDRESS (If rural, give location)

1708 Mulliken St

c. Length of stay in Baltimore

5 1/2

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Dec. 5, 1901

9. AGE (In years  
last birthday)11 Under 1 Year  
Months: Days  
Hours: Min.

7 18

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Methaneel W Coleman

14. MOTHER'S MAIDEN NAME,

Jane Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

571.0 I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

CAUSE OF DEATH

Diabetes

INTERVAL BETWEEN  
ONSET AND DEATH

4 days

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Malnutrition

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

1D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK

22. I hereby certify that I attended the deceased from 7/22, 1952, to 7/22, 1952, that I last saw the deceased alive on 7/22, 1952, and that death occurred at 4:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Herman Pinkerton Jr.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7/22/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 25 1952

7-26-52 Mt Calvary Am. Brooklyn Md  
H. H. Williams, M. E. Gray, Wilson 1000 Bruntz Ave

STOL 8

THE CHIEF OF POLICE  
CITY OF NEW YORK

100-100000

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1900

REPORT OF THE

COMMISSIONER OF THE

DEPARTMENT OF

THE CITY OF NEW YORK

FOR THE YEAR 1899

ALBANY: J. B. LIPPINCOTT & CO.,

PRINTERS, 1899.

ALBANY: J. B. LIPPINCOTT & CO.,

PRINTERS, 1899.

ALBANY: J. B. LIPPINCOTT & CO.,

PRINTERS, 1899.

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PRINTERS, 1899.

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PRINTERS, 1899.

ALBANY: J. B. LIPPINCOTT & CO.,

PRINTERS, 1899.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6963

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

<b>1. NAME OF DECEASED</b> (Type or Print) <span style="font-size: 1.2em; font-family: cursive;">William Halloway</span>		<b>2. DATE OF DEATH</b> <span style="font-size: 1.2em; font-family: cursive;">July 24, 1952</span>	
<b>3. PLACE OF DEATH:</b> <b>A. Baltimore City, Maryland</b> <span style="font-size: 1.2em; font-family: cursive;">Osl 2</span>		<b>4. USUAL RESIDENCE</b> (Where deceased lived, If institution: residence before admission) <b>A. STATE</b> <span style="font-size: 1.2em; font-family: cursive;">Md</span> <b>B. COUNTY</b> _____	
<b>B. FULL NAME OF</b> (If not in hospital or institution, give street address or location) <b>HOSPITAL OR INSTITUTION</b> <span style="font-size: 1.2em; font-family: cursive;">JOHNS HOPKINS HOSPITAL</span>		<b>C. CITY OR TOWN</b> (If outside corporate limits, write RURAL and give township) <span style="font-size: 1.2em; font-family: cursive;">Baltimore 7-05</span>	
<b>5. Length of stay in Baltimore</b> <span style="font-size: 1.2em; font-family: cursive;">15 yrs</span>		<b>D. STREET ADDRESS</b> (If rural, give location) <span style="font-size: 1.2em; font-family: cursive;">1527 E. Monument St.</span>	
<b>5. SEX</b> <span style="font-size: 1.2em; font-family: cursive;">Male</span>	<b>6. COLOR OR RACE</b> <span style="font-size: 1.2em; font-family: cursive;">Colored</span>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)</b> <span style="font-size: 1.2em; font-family: cursive;">Single</span>	<b>8. DATE OF BIRTH</b> <span style="font-size: 1.2em; font-family: cursive;">Jan 8, 1907</span>
<b>10A. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <span style="font-size: 1.2em; font-family: cursive;">Laborer</span>	<b>10B. KIND OF BUSINESS OR INDUSTRY</b> <span style="font-size: 1.2em; font-family: cursive;">Pat Block Co</span>	<b>9. AGE</b> (In years last birthday) <span style="font-size: 1.2em; font-family: cursive;">45</span>	<b>11. BIRTHPLACE</b> (State or foreign country) <span style="font-size: 1.2em; font-family: cursive;">Upper marob</span>
<b>13. FATHER'S NAME</b> <span style="font-size: 1.2em; font-family: cursive;">Benjamin Halloway</span>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <span style="font-size: 1.2em; font-family: cursive;">U. S. A.</span>	
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no or unknown) <span style="font-size: 1.2em; font-family: cursive;">no</span>		<b>16. SOCIAL SECURITY NO.</b> _____	
<b>17. INFORMANT</b> <span style="font-size: 1.2em; font-family: cursive;">JOHNS HOPKINS HOSPITAL</span>		<b>ADDRESS</b> _____	

<b>18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  <b>ANTECEDENT CAUSES</b>  <b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</b>	<b>CAUSE OF DEATH</b>  (A) <span style="font-size: 1.2em; font-family: cursive;">stroke = edema of the lungs + shock</span> DUE TO _____  (B) _____ DUE TO _____  (C) _____	<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <span style="font-size: 1.2em; font-family: cursive;">12 hrs</span>
<b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>		

<b>19A. DATE OF OPERATION</b> <span style="font-size: 1.2em; font-family: cursive;">July 23, 1952</span>	<b>19B. MAJOR FINDINGS OF OPERATION</b> <span style="font-size: 1.2em; font-family: cursive;">factory</span>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH</b> <input type="checkbox"/>	<b>21B. PLACE OF INJURY</b> (e. g., in or about home, farm, factory, street, office bldg., etc.) <span style="font-size: 1.2em; font-family: cursive;">factory</span>	<b>21C. WHERE DID INJURY OCCUR?</b> (If in Baltimore City, give exact location) <span style="font-size: 1.2em; font-family: cursive;">Paterno Bro. - 800 N. Haven St.</span>
<b>21D. TIME</b> (Month) (Day) (Year) (Hour) <span style="font-size: 1.2em; font-family: cursive;">July 23, 1952</span>	<b>21E. INJURY OCCURRED</b> WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21F. HOW DID INJURY OCCUR?</b> <span style="font-size: 1.2em; font-family: cursive;">working in hat sun loadings</span>
<b>22. I hereby certify that I attended the deceased from</b> <span style="font-size: 1.2em; font-family: cursive;">7-23</span> , 1952, <b>that I last saw the deceased alive on</b> <span style="font-size: 1.2em; font-family: cursive;">7-24</span> , 1952 <b>and that death occurred at</b> <span style="font-size: 1.2em; font-family: cursive;">3:15 p. m.</span> , <b>from the causes and on the date stated above.</b>		
<b>23A. SIGNATURE</b> <span style="font-size: 1.2em; font-family: cursive;">Richard Holmes</span>	<b>23B. ADDRESS</b> <span style="font-size: 1.2em; font-family: cursive;">JOHNS HOPKINS HOSPITAL</span>	<b>23C. DATE SIGNED</b> _____
<b>24A. BURIAL, CREMATION, REMOVAL (Specify)</b> <span style="font-size: 1.2em; font-family: cursive;">Burial</span>	<b>24B. DATE</b> <span style="font-size: 1.2em; font-family: cursive;">7/26/52</span>	<b>24C. NAME OF CEMETERY OR CREMATORY</b> <span style="font-size: 1.2em; font-family: cursive;">mt calvary cem</span>
<b>24D. LOCATION</b> (City, town, or county) (State) <span style="font-size: 1.2em; font-family: cursive;">Brooklyn md</span>	<b>25. FUNERAL DIRECTOR</b> <span style="font-size: 1.2em; font-family: cursive;">E. H. G. Wilson</span>	
<b>DATE RECEIVED BY LOCAL REGISTRAR</b> <span style="font-size: 1.2em; font-family: cursive;">JUL 25 1952</span>	<b>REGISTRAR'S SIGNATURE</b> <span style="font-size: 1.2em; font-family: cursive;">Huntington Williams, M.D.</span>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6964

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>AUSTIN A. UHLAND</b>		2. DATE OF DEATH <b>July 23, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Morgue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
5. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1215 Eutaw Place</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 27, 1904</b>
		9. AGE (in years last birthday) <b>47</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Printer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Monumental Printing Co.</b>	
11. BIRTHPLACE (State or foreign country) <b>Natlo. Md.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Frederick Uhland</b>		14. MOTHER'S MAIDEN NAME <b>Anna E. Shea</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Lillian K. Uhland</b>		ADDRESS <b>840 Cooks Lane</b>	

18. <b>4721</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <b>Arteriosclerotic cardiovascular disease</b>	INTERVAL BETWEEN ONSET AND DEATH
---	--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

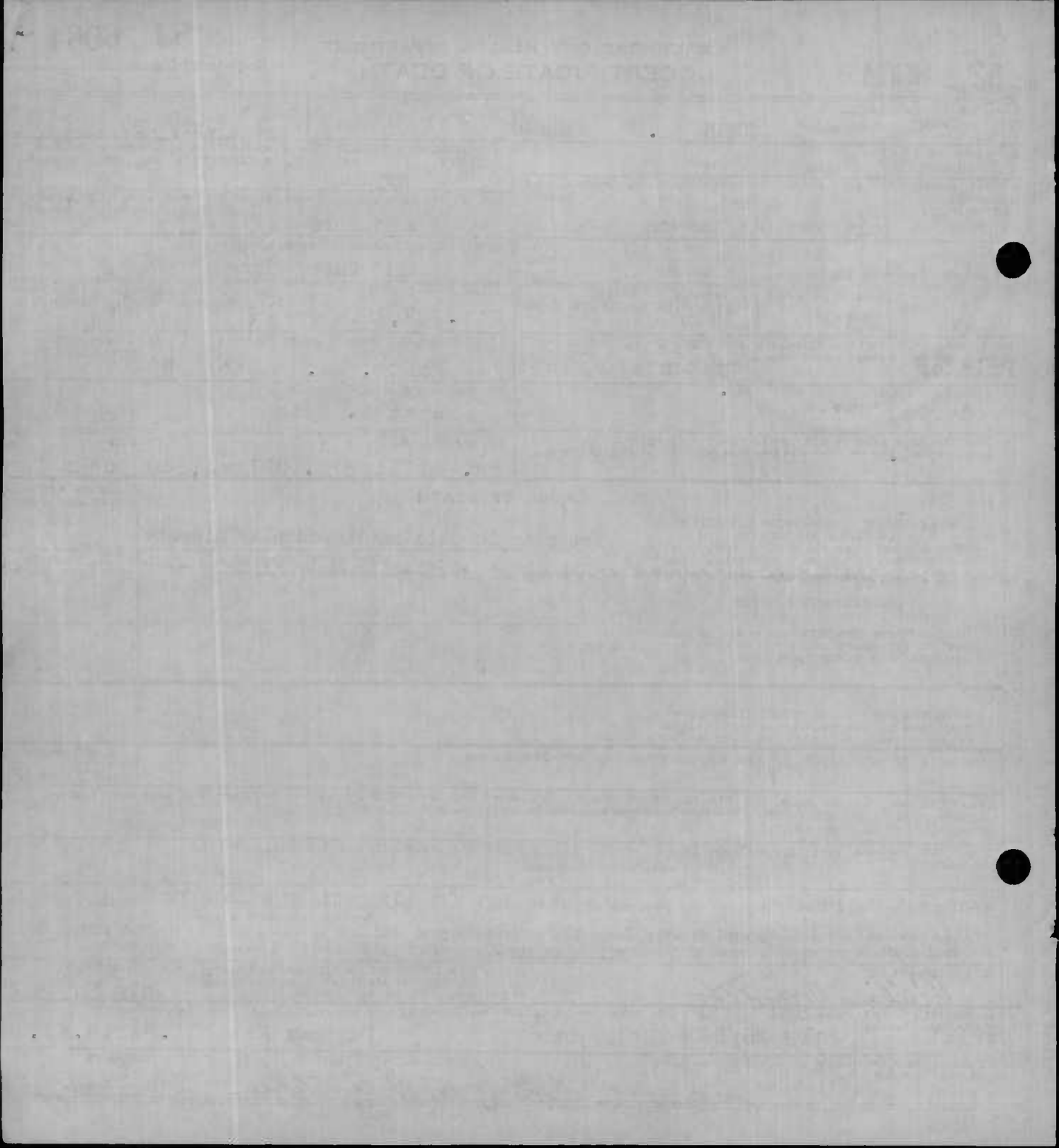
23A. SIGNATURE <i>William H. ...</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>July 23, 1952</b>	
---	--	---	--	--	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 26/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Rosary</b>		24D. LOCATION (City, town, or county) (State) <b>German Hill Rd. Balto. Md.</b>	
--	--	--------------------------------	--	--	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 25 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>H. ...</i>		ADDRESS <b>4101 Edmondson Ave</b>	
--	--	---	--	---------------------------------------	--	--------------------------------------	--

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



525  
52 6965  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6965  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Albert Turner Johnson</i>		2. DATE OF DEATH <i>July 22, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> COUNTY <i>01</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1030 Edmondson Ave.</i>		C. CITY OR TOWN (Outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>47</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1030 Edmondson Ave.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIAGE <i>Married</i> WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH <i>Oct. 29, 1879</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Custodian</i>		9B. KIND OF BUSINESS OR INDUSTRY <i>Apt. House</i>	9. AGE (In years last birthday) <i>72</i> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10. FATHER'S NAME <i>Nicholas Johnson</i>		11. BIRTH PLACE (State or foreign country) <i>Bowson, Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13. MOTHER'S MAIDEN NAME <i>Unknown</i>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)		15. SOCIAL SECURITY NO. <i>218-01-8170A</i>	
16. MARRIAGE <i>Married</i>		17. MARRIAGE <i>Married</i>	

18. *345X* I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
CAUSE OF DEATH *multiple sclerosis of brain*  
DUE TO

INTERVAL BETWEEN ONSET AND DEATH  
*34 years*

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION *None* 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *2-7-*, 1949 to *7-22-*, 1952 that I last saw the deceased alive on *7-21-*, 1952, and that death occurred at *2:00 AM.* from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS





52 6966  
Registered No. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print) BERTHA B. KEFAUVER

2. DATE OF DEATH 7/24/52

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

Md. 17

C. CITY OR TOWN (If outside corporate limits, write RURAL and give town ship)

BAITMORE

D. STREET ADDRESS (If rural, give location)

1900 Mt. Koyuk Ave.

8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
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SEPT 25, 1983	68				
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11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
---	--------------------------------

Md.

14. MOTHER'S MAIDEN NAME \_\_\_\_\_

MARK C. FROV

17. INFORMANT	ADDRESS

Hospital Records

DATE OF DEATH	INTERVAL BETWEEN
---------------	------------------

ONSET AND DEATH
-----------------

Mr. Dine Arrest

[illegible]

Mass. Abolitionist

11455) 11000MIN41

ESSY CMO/004571/15

.....

---

[illegible]

ATION	20. AUTOPSY?
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PHOTOS: PP/VI C MAPS YES ☐ NO ☒

or  
g.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

[illegible]

D 21F. HOW DID INJURY OCCUR?

\_\_\_\_\_

1952 7/24 1952 that I last saw th

red at 4 P m from the causes and on the date stated above

23B. ADDRESS	23C. DATE SIGNED
--------------	------------------

Univ. Hosp. 7/24/52

RY OR CREMATORY	24b. LOCATION (City, town, or county)	(State)
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Mr. Smithson

25. FUNERAL DIRECTOR	ADDRESS

9. P. Baum & Co. - Berlin

*Wm. W. W. W.*

Saltd. 23 Feb.

8888

90

STANDARD OF EXCELLENCE

2000

STANDARD OF EXCELLENCE

STANDARD OF EXCELLENCE

STANDARD OF EXCELLENCE

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STANDARD OF EXCELLENCE

STANDARD OF EXCELLENCE

200  
52 6967

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6967  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>FRANK NASH</i>		2. DATE OF DEATH <i>23 July 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>LUTHERAN HOSP. OF MD INC.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>4126 Fairfax Rd</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>9/20/05</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unemployed</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Odd Jobs</i>	9. AGE (In years last birthday) <i>46</i>
13. FATHER'S NAME <i>John Nash</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT ADDRESS <i>Mrs. Dorothy M. Nash - 4126 Fairfax Rd.</i>	

18. <i>581.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Subhepatic abscess</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>13 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <i>Pneumonia</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Myocardial infarction, cirrhosis</i>		
19A. DATE OF OPERATION <i>7/22/52</i>	19B. MAJOR FINDINGS OF OPERATION <i>none</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *16 July, 1952*, to *23 July, 1952*, that I last saw the deceased alive on *23 July, 1952*, and that death occurred at *5:50 am.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Anthony J. De Giovanni</i>	23B. ADDRESS <i>Lutheran Hosp</i>	23C. DATE SIGNED <i>7/23/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7/26/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet Cem.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 25 1952</i>	REGISTRAR'S SIGNATURE <i>William J. Williams</i>	25. FUNERAL DIRECTOR <i>Wm. J. Vickers &amp; Sons</i>
VS 150		ADDRESS <i>Balto 17 Md</i>



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6968

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Dicus, Edith C.

2. DATE  
OF  
DEATH

7/24/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

South Baltimore General Hospital

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

AA

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Millersville

52-00

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 22, 1888

9. AGE (In years  
last birthday)

64

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Edward Balderston

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

N.W., Glen Burnie

Mr. Calvin H. Dicus - 14 New Jersey Ave.

18. 420.0 and 260X

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

(A)

Chronic glomerulonephritis years

DUE TO

(B)

Arteriosclerosis heart disease years

DUE TO

(C)

Hypertensive cardiovascular disease years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-4-1952 to 7-24-1952, that I last saw the  
deceased alive on 7-24-1952 and that death occurred at 9:24 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Agustin del Campo, M. D.

23B. ADDRESS

1213 Light St

23C. DATE SIGNED

7-24-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/26/52

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven Cem.

24D. LOCATION (City, town, or county)

Glen Burnie, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

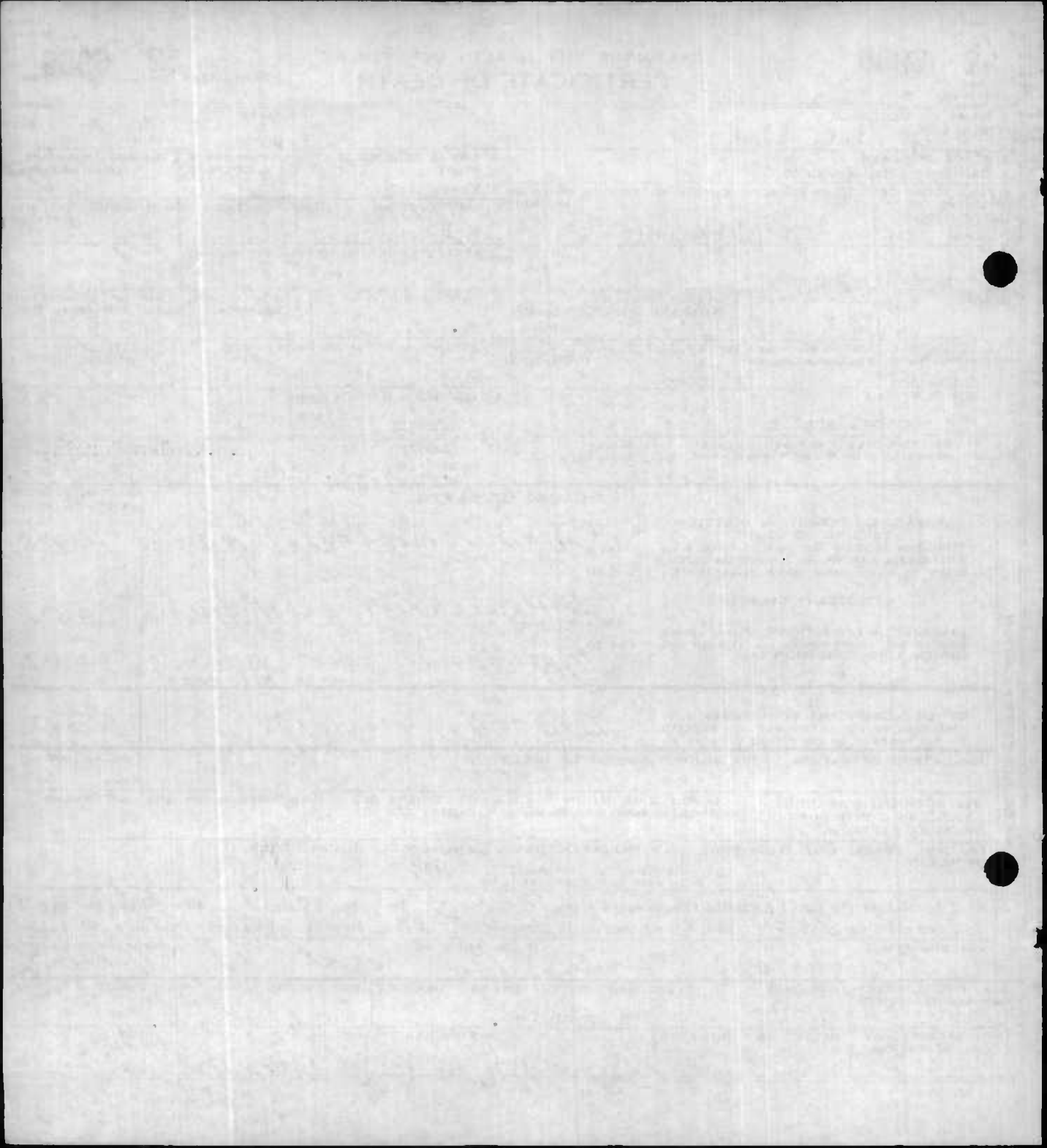
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. V. Vickers &amp; Sons

ADDRESS

Baeto 17, Md.





#270 to be approved by Medical Examiner.

52 6969

52 6969

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ALVERDA T. ECCLESTON

2. DATE  
OF  
DEATH

July 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Methodist Home for the Aged

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2211 W. Rogers Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

May 15, 1869

9. AGE (In years last birthday)

83

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George W. Eccleston

14. MOTHER'S MAIDEN NAME

Mary Despeaux

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mamie Fisher - 2211 W. Rogers Ave.

18. 420.01

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Central hemorrhage

3 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic heart disease

DUE TO

(C)

CERTIFICATION APPROVED BY

William H. H. H.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

CHIEF OR ASST. MEDICAL EXAMINER,

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 6:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John D. Barnaby

M.D.

1531 E North Ave

23 July 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

7/26/52

Loudon Park Cem.

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 25 1952

Huntington Williams, Jr.

Wm. J. Lickner & Sons

VS 150

Balto 17, Md.

MEDICAL CERTIFICATION

correct age is necessary important. Physicians, please write the causes of death clearly and legibly.



350  
52 6970BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6970  
Registered No. X

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Lillian B. Dutton

2. DATE  
OF  
DEATH

7-25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

U.S.P.H.S. Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

V-48

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Washington D.C.

D. STREET ADDRESS (If rural, give location)

3620 16th St

C. Length of stay in Baltimore

55

Wks.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July-18-02

9. AGE (In years  
last birthday)

50

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Departmental Employee

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Mass.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

George E. Dutton

14. MOTHER'S MAIDEN NAME

Lena Stern

D.C.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

N. Woodruff Washington

S. H. Hines Funeral Home-2901 -14th St.

18.

155X 1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A) Carcinoma of Gall. Bladder

3 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6-9-52 3

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of gallbladder - carcinomatosis

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on 7-25, 1952 and that death occurred at 12:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Lillian B. Dutton

M. D.

23B. ADDRESS

USPHS Hosp. Balt. Md.

23C. DATE SIGNED

7-25-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

7/25/52

24C. NAME OF CEMETERY OR CREMATORY

Fort Lincoln Cem.

24D. LOCATION (City, town, or county)

Washington, D. C.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

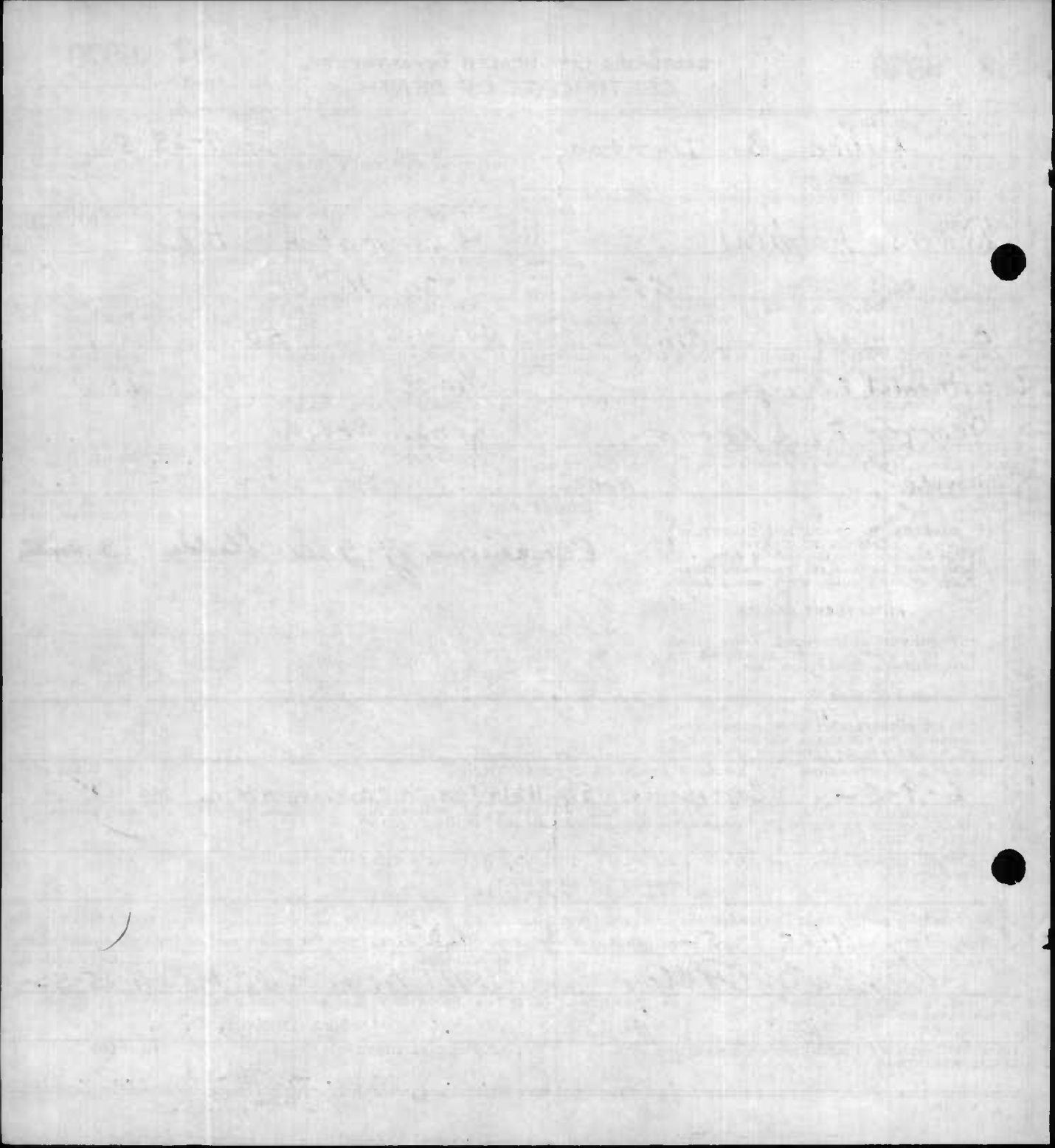
S. H. Hines Co. -2901 -14th St., N. W.

Washington, D. C.

VS 150

69091

MEDICAL CERTIFICATION



530  
52 6971BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6971

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William Smith

2. DATE  
OF  
DEATH

July 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)

A. STATE

Md.

B. COUNTY

PR. GEO.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Gunnell

66-37

D. STREET ADDRESS (If rural, give location)

204 main St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

- - 1900

9. AGE (In years  
last birthday)

52

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Paint Manuf.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

-

14. MOTHER'S MAIDEN NAME

-

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 443X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Subarachnoid Hemorrhage

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Hypertensive and Atherosclerotic  
Cardiovascular Disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ ND ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-12, 1952 to 7-19, 1952, that I last saw the  
deceased alive on 7-19, 1952, and that death occurred at 6:25 PM, from the causes and on the date stated above.

23A. SIGNATURE

Lawrence E. Sherman M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7-21-52

24A. BURIAL, CREMA-  
TION, OR OTHER (Specify)

Burial

24B. DATE

7-25-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cem.

24D. LOCATION (City, town, or county)

Balt., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

7-25-1952

Huntington Williams, 1011 N. Cook St.,

Balt., Md.

VS. 150

JUL 25 1952

97049

MEDICAL CERTIFICATION

1918

RECEIVED

1918

Handwritten notes and signatures in the center of the page.

Handwritten notes and signatures on the right side of the page.



563  
52 6972BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6972  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Louis Leonard</b>		2. DATE OF DEATH <b>7-23-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>21-02</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write R.U. and give township) <b>Balti</b>	
6. LENGTH OF STAY IN BALTIMORE <b>VNK</b>		D. STREET ADDRESS (If rural, give location) <b>1121 Wilco mico</b>	
7. SEX <b>M</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>VNK</b>	10. DATE OF BIRTH <b>Dec. 14, 1883</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WINDOW WASHER</b>		12. AGE (In years last birthday) <b>68</b>	
13. KIND OF BUSINESS OR INDUSTRY <b>VNK</b>		13. BIRTHPLACE (State or foreign country) <b>BALTIMORE, MD.</b>	
14. FATHER'S NAME <b>VNK LEONARD</b>		15. CITIZEN OF WHAT COUNTRY?	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>YES S.A.N.</b>		17. SOCIAL SECURITY NO. <b>VNK</b>	
18. INFORMANT <b>Ruth Lynch, 844 Kong St.</b>		ADDRESS	

18. <b>153X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cachexia, terminal</b> DUE TO <b>malignancy, intestinal</b>	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

21. DATE OF OPERATION <b>0</b>	22. MAJOR FINDINGS OF OPERATION	23. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
24. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
27. TIME (Month) (Day) (Year) (Hour) OF INJURY	28. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	29. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **15** to **19**, that I last saw the deceased alive on **19** and that death occurred at **15 A. M.** from the causes and on the date stated above.

23A. SIGNATURE **H. Felipe Gonzales, M.D.** 23B. ADDRESS **University Hospital** 23C. DATE SIGNED **7-23-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **7/28/52** 24C. NAME OF CEMETERY OR CREMATORY **U. S. National** 24D. LOCATION (City, town, or county) (State) **Baltimore, Maryland**

DATE RECEIVED BY LOCAL REGISTRAR **JUL 25 1952** REGISTRAR'S SIGNATURE **Huntington Williams, Jr.** 25. FUNERAL DIRECTOR **St. Paul St.** ADDRESS **1212 St. Paul St.**

1972

Page 1

STATE OF TEXAS

County of \_\_\_\_\_

Know all men by these presents, \_\_\_\_\_

of the County of \_\_\_\_\_ State of Texas,

do hereby certify that \_\_\_\_\_

is the true and correct owner of \_\_\_\_\_

and that the same is subject to a lien in favor of \_\_\_\_\_

for the sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_)

and that the same is being sold by \_\_\_\_\_

at public sale on \_\_\_\_\_ day of \_\_\_\_\_ 1972

250  
52 6973BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6973  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CORA A. DIXON

2. DATE  
OF  
DEATH

July 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTIONIf not in hospital or institution, give street address or  
location)

513 S. Lakewood Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

513 S. Lakewood Avenue

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

female

white

married

Feb. 6, 1901

51

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

housewife

own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

James Glance

14. MOTHER'S MAIDEN NAME

Matilda Schultz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

William P. Dixon, 513 S. Lakewood Avenue

18. E931.01

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Heat prostration

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic cardiovascular disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

513 S. Lakewood Avenue

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

July 23, 1952

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Exhaustion from heat

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. J. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒  
ASSISTANT MEDICAL EXAMINER.....☐  
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED  
July 24, 195224A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

7/26/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore County, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, William, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street

VS 151

N-981.3

1900

THE STATE OF TEXAS

1900



346  
52 6974BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6974  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William H. Stellan, Sr.

2. DATE  
OF  
DEATH

July 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Moren Hosp.

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2502 Halcyon St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. E 931.0 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

CERTIFICATION APPROVED BY

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

Cirrhosis of liver

M. D.  
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORKNOT WHILE  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1952, to July 23, 1952, that I last saw the deceased alive on July 23, 1952, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORIUM

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

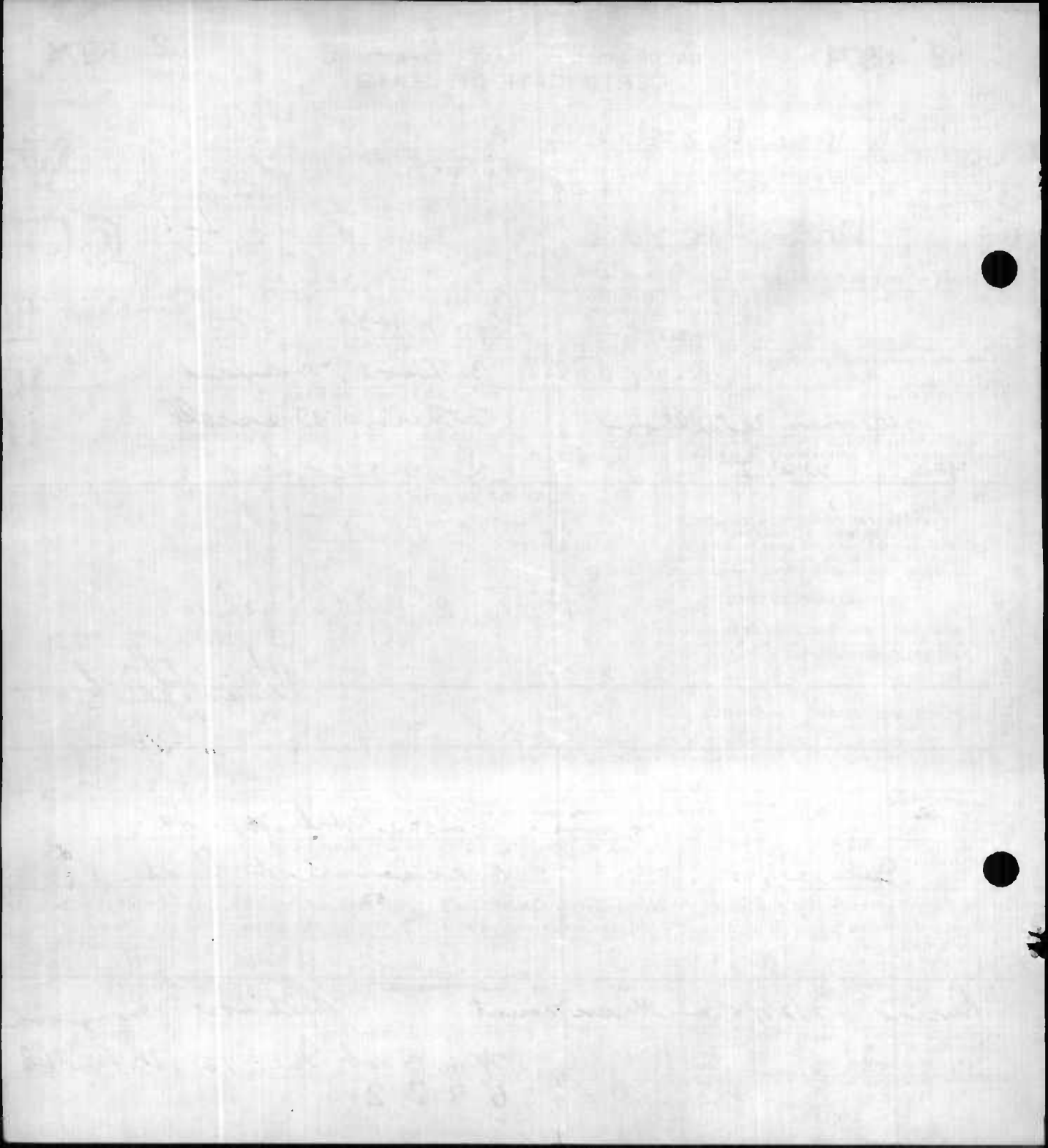
ADDRESS

JUL 25 1952  
VS 150

1 0520 4908A 72

N-981.3

correct age. Especially important. Physicians: please write the causes of death accurately and legibly.





235  
52 6975

52 6975

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Robert George Gaston

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

2841 W. Lanvale Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2841 W. Lanvale Street

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Oct. 19, 1886

9. AGE (in years  
last birthday)

65

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Ice Business

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Gaston

14. MOTHER'S MAIDEN NAME

Laura

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.  
none

17. INFORMANT

ADDRESS

Annie M. Gaston, 2841 W. Lanvale Street

18. 422.1 and E931.9  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

Heart Prostration  
Arteriosclerotic  
Cardiovascular  
disease

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

12 hrs

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Heart Prostration

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 1952, to July 22, 1952, that I last saw the  
deceased alive on July 22, 1952, and that death occurred at 10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

N

981.3

29067

correct are as is necessary important. Please write the causes of death clearly.

NOT A MEDICAL EXAMINER'S CASE

*William H. Smith* M.D.  
CHIEF OR ASS'T. MEDICAL EXAMINER

435  
52 6976BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6976  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Annie S. Colton

2. DATE  
OF DEATH  
July 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)  
A. STATE Maryland B. COUNTY5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION 314 S. Augusta AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

6. Length of stay in Baltimore

Yrs.  
Mos.  
DaysD. STREET ADDRESS (If rural, give location)  
314 S. Augusta Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Widowed

8. DATE OF BIRTH

Sept. 9, 1871

9. AGE (In years  
last birthday)

80

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
housewife10B. KIND OF BUSINESS OR  
INDUSTRY  
own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Weber

14. MOTHER'S MAIDEN NAME

Elizabeth Filling

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Ethel F. Sharp, 314 S. Augusta Avenue

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) DUE TO  
Cerebral Hemorrhage July 19, 1952

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
Cerebral Vascular Disease  
(C) DUE TO  
Hypertension 8 yearsII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 27, 1944 to July 23, 1952 that I last saw the  
deceased alive on July 22, 1952, and that death occurred at 4:45 PM, from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

7/26/52

New Cathedral Cemetery

Baltimore,

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 25 1952

Huntington Williams, M.D.

Wm. Cook, Inc.

1217 St. Paul Street

CERTIFICATE OF DEATH

1900

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Age</p>		<p>4. Date of death</p>	
<p>5. Place of death</p>		<p>6. Cause of death</p>		<p>7. Signature of physician</p>		<p>8. Signature of registrar</p>	
<p>9. Name of informant</p>		<p>10. Address of informant</p>		<p>11. Signature of informant</p>		<p>12. Signature of registrar</p>	
<p>13. Name of informant</p>		<p>14. Address of informant</p>		<p>15. Signature of informant</p>		<p>16. Signature of registrar</p>	
<p>17. Name of informant</p>		<p>18. Address of informant</p>		<p>19. Signature of informant</p>		<p>20. Signature of registrar</p>	
<p>21. Name of informant</p>		<p>22. Address of informant</p>		<p>23. Signature of informant</p>		<p>24. Signature of registrar</p>	
<p>25. Name of informant</p>		<p>26. Address of informant</p>		<p>27. Signature of informant</p>		<p>28. Signature of registrar</p>	
<p>29. Name of informant</p>		<p>30. Address of informant</p>		<p>31. Signature of informant</p>		<p>32. Signature of registrar</p>	
<p>33. Name of informant</p>		<p>34. Address of informant</p>		<p>35. Signature of informant</p>		<p>36. Signature of registrar</p>	
<p>37. Name of informant</p>		<p>38. Address of informant</p>		<p>39. Signature of informant</p>		<p>40. Signature of registrar</p>	
<p>41. Name of informant</p>		<p>42. Address of informant</p>		<p>43. Signature of informant</p>		<p>44. Signature of registrar</p>	
<p>45. Name of informant</p>		<p>46. Address of informant</p>		<p>47. Signature of informant</p>		<p>48. Signature of registrar</p>	
<p>49. Name of informant</p>		<p>50. Address of informant</p>		<p>51. Signature of informant</p>		<p>52. Signature of registrar</p>	
<p>53. Name of informant</p>		<p>54. Address of informant</p>		<p>55. Signature of informant</p>		<p>56. Signature of registrar</p>	
<p>57. Name of informant</p>		<p>58. Address of informant</p>		<p>59. Signature of informant</p>		<p>60. Signature of registrar</p>	
<p>61. Name of informant</p>		<p>62. Address of informant</p>		<p>63. Signature of informant</p>		<p>64. Signature of registrar</p>	
<p>65. Name of informant</p>		<p>66. Address of informant</p>		<p>67. Signature of informant</p>		<p>68. Signature of registrar</p>	
<p>69. Name of informant</p>		<p>70. Address of informant</p>		<p>71. Signature of informant</p>		<p>72. Signature of registrar</p>	
<p>73. Name of informant</p>		<p>74. Address of informant</p>		<p>75. Signature of informant</p>		<p>76. Signature of registrar</p>	
<p>77. Name of informant</p>		<p>78. Address of informant</p>		<p>79. Signature of informant</p>		<p>80. Signature of registrar</p>	
<p>81. Name of informant</p>		<p>82. Address of informant</p>		<p>83. Signature of informant</p>		<p>84. Signature of registrar</p>	
<p>85. Name of informant</p>		<p>86. Address of informant</p>		<p>87. Signature of informant</p>		<p>88. Signature of registrar</p>	
<p>89. Name of informant</p>		<p>90. Address of informant</p>		<p>91. Signature of informant</p>		<p>92. Signature of registrar</p>	
<p>93. Name of informant</p>		<p>94. Address of informant</p>		<p>95. Signature of informant</p>		<p>96. Signature of registrar</p>	
<p>97. Name of informant</p>		<p>98. Address of informant</p>		<p>99. Signature of informant</p>		<p>100. Signature of registrar</p>	

520  
52 6977BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6977

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William James

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Dept 2

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

342 Dolphin St.

Length of stay in Baltimore

35

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 14, 1899

9. AGE (In years  
last birthday)

53

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Butler

10B. KIND OF BUSINESS OR  
INDUSTRY

Pat. family

11. BIRTHPLACE (State or foreign country)

Gloucester, Va.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Silas James

14. MOTHER'S MAIDEN NAME

Mary Crosby

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.17. INFORMANT  
ADDRESS  
JOHNS HOPKINS HOSPITAL

18. 470.0 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) pulmonary infarct

DUE TO

1 da

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) arteriosclerotic heart disease

DUE TO

?

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Hemic Spontaneous spondylitis

5 yr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-22, 1952 to 7-22, 1952, that I last saw the  
deceased alive on 7-22, 1952, and that death occurred at 6:10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Richard Johns

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, DEMOLITION (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

772 82

RECEIVED THE BUREAU OF THE  
DEPARTMENT OF THE ARMY

772 82

TO THE SECRETARY OF THE ARMY  
WASHINGTON, D. C.

FROM THE CHIEF OF THE BUREAU OF THE ARMY  
WASHINGTON, D. C.

SUBJECT: [Illegible]

DATE: [Illegible]

REFERENCE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6978**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**SARA WASHINGTON**

2. DATE OF DEATH **July 22, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

**1238 Argyle Avenue**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1238 Argyle Avenue**

Length of stay in Baltimore

**53 yrs.**

5. SEX

**female**

6. COLOR OR RACE

**colored**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**MARRIED**

8. DATE OF BIRTH

**May 9, 1889**

9. AGE (In years last birthday)

**63**

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housewife**

10B. KIND OF BUSINESS OR INDUSTRY

**Home**

11. BIRTHPLACE (State or foreign country)

**Middlesex Co., Va.**

12. CITIZEN OF WHAT COUNTRY?

**U. S. A.**

13. FATHER'S NAME

**Richard Boston**

14. MOTHER'S MAIDEN NAME

**HANNAH BUNDY**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**MRS. OZELIE H. HENRY 2127 PENNA AVE.**

18. **4221**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

MEDICAL INVESTIGATOR.....☒

**July 22, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**Burial**

**7/25/1952**

**Wt. Auburn Baltimore, Md.**

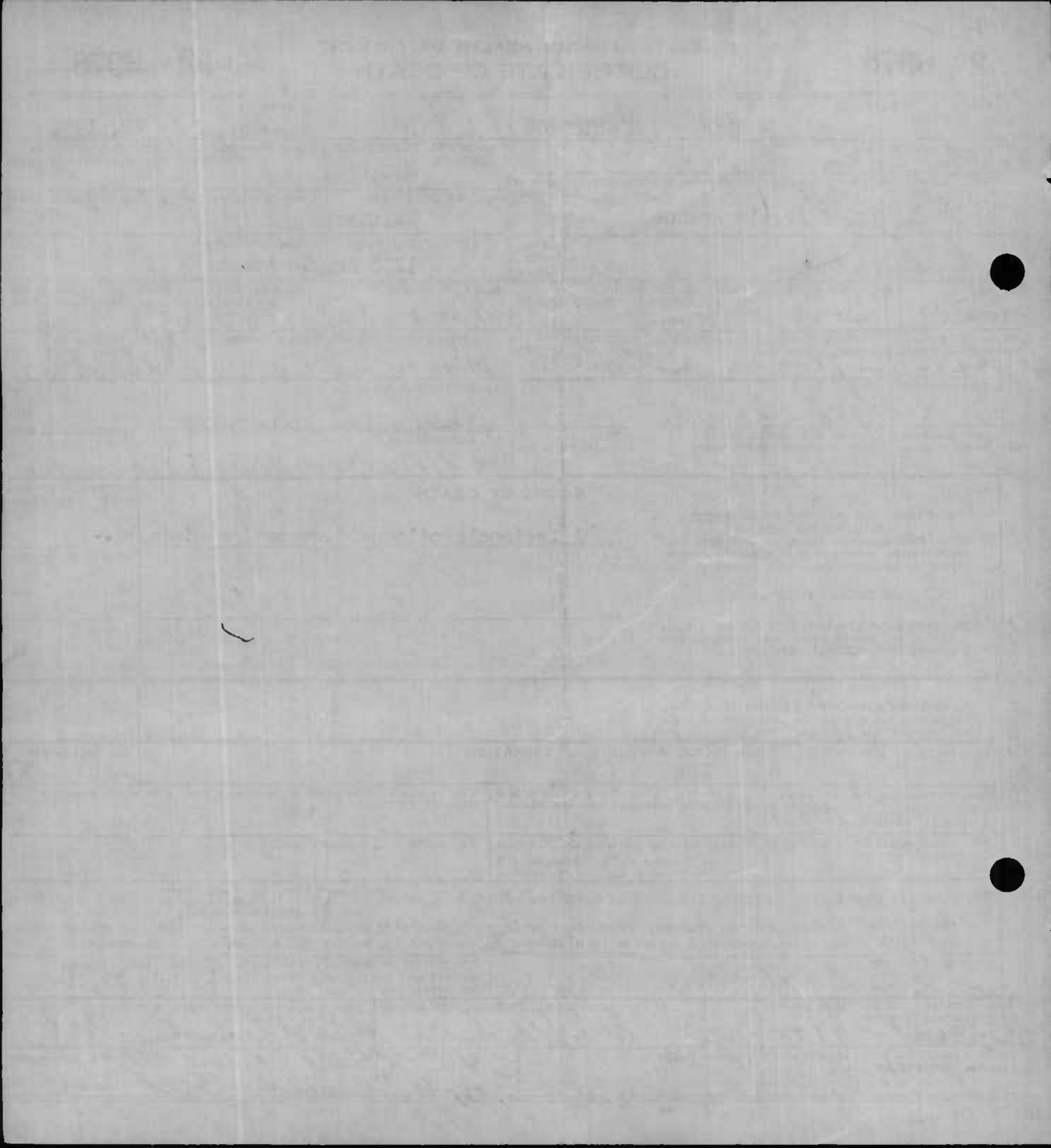
**July 25 1952**

**Wilmington**

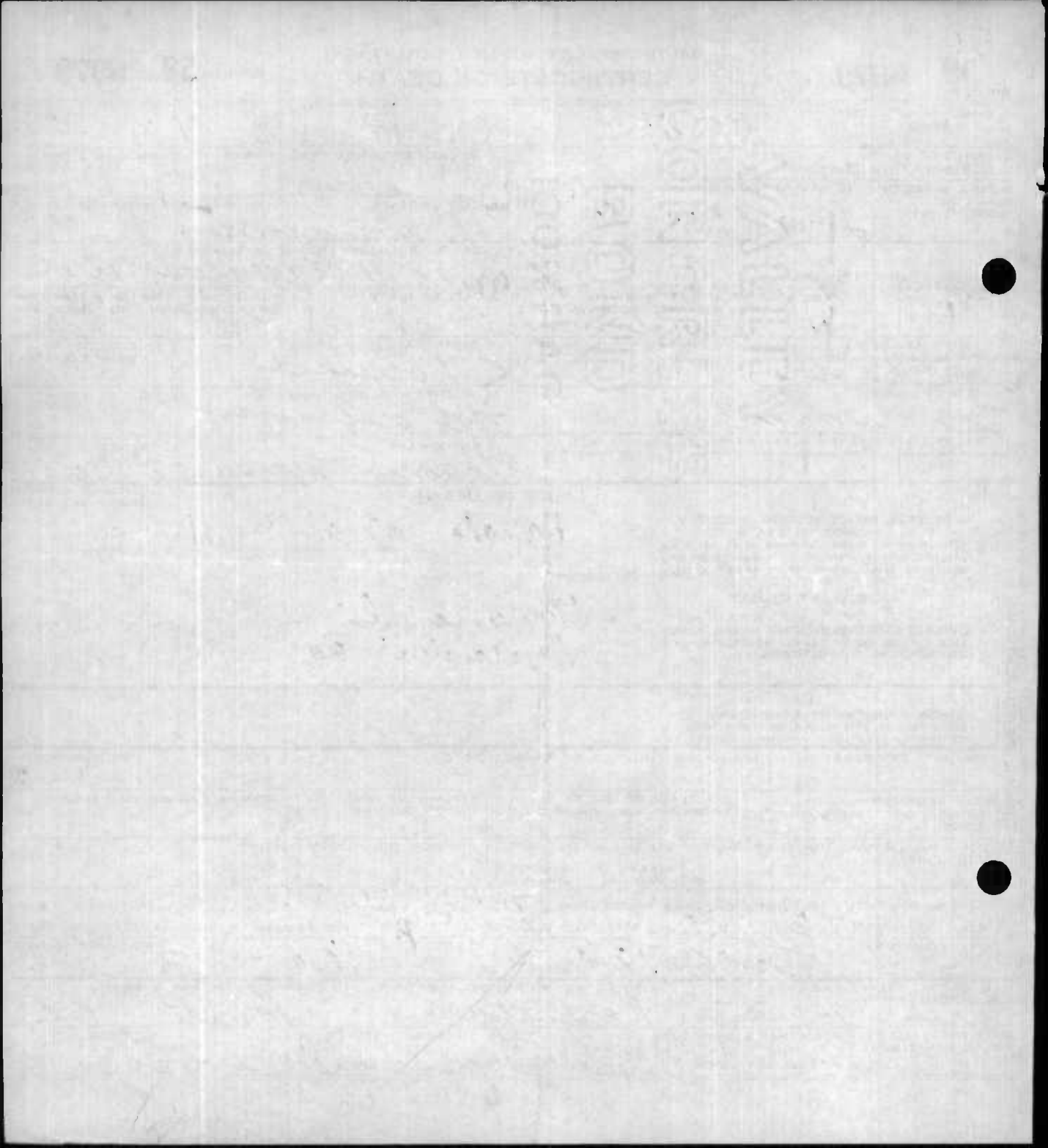
**Williams**

**1601 David Hill Ave.**

**Home**







52 6980

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6980  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

5. SEX  
FEMALE

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

2. DATE OF DEATH

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) generalized arteriosclerosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21. I hereby certify that I attended the deceased from Sept 17, 1951, to July 24, 1952, that I last saw the deceased alive on 7-24, 1952, and that death occurred at 4:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS





160.

52 6981

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6981  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARGARET J. COOPER

2. DATE  
OF  
DEATH

7-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY

Md

18-03

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

35 S. CARLTON AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. LENGTH OF STAY IN BALTIMORE

15 Yrs.  
Mos.  
Days

E. STREET ADDRESS (If rural, give location)

35 S. Carlton Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,  
last birthday)10. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

18. ADDRESS

19. CAUSE OF DEATH

20. INTERVAL BETWEEN  
ONSET AND DEATH21. DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)22. ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.23. OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

24. 19A. DATE OF OPERATION

25. 19B. MAJOR FINDINGS OF OPERATION

26. 20. AUTOPSY?  
YES ☐ NO ☐27. 21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH28. 21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)29. 21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)30. 21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY31. 21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

32. 21F. HOW DID INJURY OCCUR?

33. 22. I hereby certify that I attended the deceased from 11/19/50, 19, to 7/21, 1952, that I last saw the  
deceased alive on 7/21, 1952, and that death occurred at m., from the causes and on the date stated above.

34. 23A. SIGNATURE

35. 23B. ADDRESS

36. 23C. DATE SIGNED

37. 24A. BURIAL, CREMA-  
TION REMOVAL (Specify)

38. 24B. DATE

39. 24C. NAME OF CEMETERY OR CREMATORY

40. 24D. LOCATION (City, town or county) (State)

41. DATE RECEIVED BY  
LOCAL REGISTRAR

42. REGISTRAR'S SIGNATURE

43. 25. FUNERAL DIRECTOR

44. ADDRESS

45. VS 150

MEDICAL CERTIFICATION

VS 150

1892

51

1892

51

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6982**

BIRTH No. **52 6982**

1. NAME OF DECEASED (Type or Print) <b>AGNES NICHOLSON</b>			2. DATE OF DEATH <b>July 23, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>BALTIMORE</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>4-02</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>204 Myrtle Avenue</b>			E. LENGTH OF STAY IN BALTIMORE <b>LIFE.</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE.</b>	8. DATE OF BIRTH <b>9-21-1912</b>	9. AGE (In years last birthday) <b>39</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>
11. BIRTHPLACE (State or foreign country) <b>MARYLAND.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13. FATHER'S NAME <b>UNKNOWN</b>			14. MOTHER'S MAIDEN NAME <b>UNKNOWN.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>-</b>			16. SOCIAL SECURITY NO. <b>-</b>		
17. INFORMANT <b>ISAAC STROMAN</b>			18. ADDRESS <b>204 MYRTLE AVE.</b>		

18. <b>443 X</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute pulmonary edema</b> DUE TO <b>hypertensive cardiovascular disease</b>		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION <b>7-26-52</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **R. Fisher** M.D. 23B. CHIEF MEDICAL EXAMINER.....☒ 23C. DATE SIGNED **July 24, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24B. DATE **7-26-52** 24C. NAME OF CEMETERY OR CREMATORY **MT. AUBURN CEM.** 24D. LOCATION (City, town, or county) (State) **BALTIMORE. Md**

DATE RECEIVED BY LOCAL REGISTRAR **JUL 25 1952** REGISTRAR'S SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR **WILLIAM A JACKSON** ADDRESS **916 PENNA. AVE.**



515  
52 6983BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6983  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George M. Champness,

2. DATE  
OF DEATH July 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2214 E. Hoffman St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BaltimoreD. STREET ADDRESS (If rural, give location)  
2214 E. Hoffman St.

length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

March 22, 1875

9. AGE (In years last birthday)

77

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)  
Baker

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joshua Champness

14. MOTHER'S MAIDEN NAME

Ella Simms

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)  
No.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Edward Champness 3307 Ramona Ave.

18. 422.1 and E 931.9 CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

HEAT PROSTRATION

6 Hours

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

Arteriosclerotic C. V. disease

3-4 yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 7/23/52, 19, to 7/23/52, 19, that I last saw the deceased alive on 7/23/52, 19, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

July 26, 1952

Baltimore

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 25 1952 Huntington Williams, M.D. Ulrich Funeral Home 3008 Orleans St.

VS 150

N-981X





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

*K Elizabeth Phillips*

2. DATE  
OF  
DEATH

*July 23/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *17 N Glover*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days  
11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Dorothy Phillips 17 N Glover*

18. *478.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *chronic congestive heart failure*

*1 yr*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *arteriosclerotic CVD*

*20 yrs.*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Feb*, 19*51*, to *July*, 19*52*, that I last saw the deceased alive on *July 23*, 19*52*, and that death occurred at *7 P* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*Burton W. York MD*

*2936 E Balto St*

*7/24/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Buried*

*July 26/52*

*Green Haven*

*Balto*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*JUL 25 1952*

*Huntington W. Williams*

*Ullrich & Sons 200 E. Green*

1233

RECEIVED BY THE  
DEPARTMENT OF THE ARMY  
WASHINGTON, D. C.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 6985

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN CHRISTOPHER SENNETT

2. DATE  
OF  
DEATH

July 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3601 Roberts Place

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3601 Roberts Place

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 14, 1876

9. AGE (In years  
last birthday)

76

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Riveter foreman

10B. KIND OF BUSINESS OR  
INDUSTRY

Shipyards

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Sennett

14. MOTHER'S MAIDEN NAME

Elizabeth Sparks

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Nora B. Sennett 3601 Roberts Place

18. 442 X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.2  
5 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from June 1952 to July 23, 1952, that I last saw the  
deceased alive on 7/22, 1952, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

July 26, 1952

Oak Lawn

Colgate, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 25 1952

Huntington Williams, M.D. Mullrich Funeral Home 2008 Orleans St.



462  
52 6986BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6986  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN

CLARK

2. DATE  
OF  
DEATH

July 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Dundalk

D. STREET ADDRESS (If rural, give location)

1520 Randolph Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 14 1 900

9. AGE (in years  
last birthday)

52

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Construction Work

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Wm Clark

14. MOTHER'S MAIDEN NAME

Mandie Henry

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Henry I Baker Snyder Villa Linthicum Hgts

18. 581.0 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Fatty liver

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER ☒

July 23, 1952

MEDICAL INVESTIGATOR ☐24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*[The body of the document contains extremely faint, illegible text, likely bleed-through from the reverse side. The text appears to be organized into several paragraphs and possibly a table or list structure.]*



650  
52 6987BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6987  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GEORGE BYRNE

2. DATE  
OF  
DEATH July 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

214 E. Biddle Street

Length of stay in Baltimore

? ?

Yrs.  
Mos.  
Days5. SEX  
male6. COLOR OR RACE  
white7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
single

8. DATE OF BIRTH

Feb. 14, 1888

9. AGE (In years  
last birthday)

64

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Accountant

10B. KIND OF BUSINESS OR  
INDUSTRY

Balto. City

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Christopher Byrne

14. MOTHER'S MAIDEN NAME

Martha McColland

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

?

?

?

16. SOCIAL  
SECURITY NO.

?

?

17. INFORMANT

ADDRESS Terrac

Miss Mary M. Byrne 610 Chestnut Hill

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒

23C. DATE SIGNED

July 24, 1952

M.D.

MEDICAL INVESTIGATOR.....☐24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7/26/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 25 1952 Huntington Williams, M.D. John A. Moran 3000 E. Balto. St

THE UNIVERSITY OF CHICAGO  
LIBRARY  
1000 20

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 6988**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**THOMAS J. KING**

2. DATE  
OF  
DEATH

**July 23, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

**Johns Hopkins Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

**Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**416 N. Kenwood Avenue**

5. SEX

**male**

6. COLOR OR RACE

**white**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**Widowed**

8. DATE OF BIRTH

**July 22, 1896**

9. AGE (In years  
last birthday)

**56**

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

**Machine Operator**

10B. KIND OF BUSINESS OR  
INDUSTRY

**Airplane**

11. BIRTHPLACE (State or foreign country)

**Maryland**

12. CITIZEN OF  
WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**Thomas King**

14. MOTHER'S MAIDEN NAME

**Mary Bauernfiend**

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknowns) (If yes, give war or dates of service)

**?**

16. SOCIAL  
SECURITY NO.

**?**

17. INFORMANT

ADDRESS

**Henry King 4708 Walther Ave.**

18. **443X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

**Hypertensive Heart  
Disease**

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an \_\_\_\_\_ thereon and from \_\_\_\_\_  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*[Signature]*

23B. CHIEF MEDICAL EXAMINER..... ☒

23C. DATE SIGNED

**July 24, 1952**

M.D. MEDICAL INVESTIGATOR..... ☐

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

**Burial**

24B. DATE

**7/26/52**

24C. NAME OF CEMETERY OR CREMATORY

**Holy Redeemer Cem.**

24D. LOCATION (City, town, or county)

**Balto. Md.**

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*[Signature]*

25. FUNERAL DIRECTOR

ADDRESS

**John A. Moran 3000 E. Balto. St.**

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UNITED STATES AIR FORCE

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 6989  
Registered No. \_\_\_\_\_

452  
52 6989  
BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Herbert Williams</i>		2. DATE OF DEATH <i>July 20, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>See Time</i>		D. STREET ADDRESS (If rural, give location) <i>1630 Ellsworth St</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>6-9-02</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>50</i>
11. BIRTHPLACE (State or foreign country) <i>Balt, md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Fredrick Williams</i>		14. MOTHER'S MAIDEN NAME <i>Sodonia Neal</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>217-03-4987</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS _____	

18. <i>331X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cerebrovascular accident</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>7-19-52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *7-19*, 1952, to *7-20*, 1952, that I last saw the deceased alive on *7-20*, 1952, and that death occurred at *7:30 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Herbert J. Williams</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED
--	---	------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>July 25, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>A A Co Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 25 1952</i>	REGISTRAR'S SIGNATURE <i>Frankington Williams</i>	25. FUNERAL DIRECTOR <i>Wm. H. Williams</i>	
VS 150		ADDRESS <i>1575 McElroy St</i>	

MEDICAL CERTIFICATION

1-97895 0006987

Charles F. Smith

George F. Smith



123

52 6990

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6990

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHARLES F REBSTOCK SR

2. DATE  
OF  
DEATH

JULY-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1450 BOYLE ST

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
A. STATE B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE 14DD. STREET ADDRESS (If rural, give location)  
1450 BOYLE ST

Length of stay in Baltimore

44 Yrs.  
Mos.  
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
MARRIED

8. DATE OF BIRTH

Oct 29-1907

9. AGE (In years  
last birthday)

44

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BLACKSMITH

10B. KIND OF BUSINESS OR INDUSTRY

SINGLAR SCOTT CO

13. FATHER'S NAME

CHARLES REBSTOCK

CANNING MCHWY (W)

11. BIRTHPLACE (State or foreign country)

BALTO MD

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

DRUCILLA F COLWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

216-01498 HELEN REBSTOCK 1450 Boyle St

17. INFORMANT

ADDRESS

18.

420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July 20, 1952, to July 24, 1952, that I last saw the deceased alive on July 24, 1952, and that death occurred at 2:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 25 1952

Huntington Williams, M.D.

Bernard E. Harle

131 E West St

VS 150

5013L

MEDICAL CERTIFICATION



362  
52 6991BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6991  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Agnes M. Goodrich

2. DATE  
OF  
DEATH

July 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

1119 Greenmount Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1119 Greenmount Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 8, 1894

9. AGE (In years

last birthday)

58 yrs

If Under 1 Year

Months Days

0 16

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done in most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR  
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas J. Goodrich

14. MOTHER'S MAIDEN NAME

Agnes C. McKewen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS Ave.

Mr. George R. Goodrich 1119 Greenmount

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

1 day

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

?

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral hemorrhage

2 1/2 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1952, to July 24, 1952, that I last saw the  
deceased alive on July 19, 1952 and that death occurred at 12:00 p.m. from the causes and on the date stated above.

23A. SIGNATURE

S. Wilkerson

M. D.

23B. ADDRESS

7145 Proctor

23C. DATE SIGNED

25 July 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

July 28-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elmer W. Conklin

ADDRESS

924 E. Eager St.

1984

STATE OF NEW YORK

IN SENATE

JANUARY 11, 1984

REPORT

OF THE

COMMISSIONER OF

THE STATE OF NEW YORK

TO THE SENATE

AND ASSEMBLY

IN SENATE

JANUARY 11, 1984

REPORT

OF THE

COMMISSIONER OF

THE STATE OF NEW YORK

TO THE SENATE

DOA  
2000

Med Exam Case

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6992  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Rebecca Lewis

2. DATE  
OF  
DEATH

July 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md. B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write full name and give township)  
Baltimore 9-08

D. STREET ADDRESS (If rural, give location)  
649 Rutman Ave

C. Length of stay in Baltimore

4 years

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 6 -

9. AGE (In years last birthday)

70

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

None - Housewife

11. BIRTHPLACE (State or foreign country)

Braxton Co., W. Va.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

(Unknown)

Barker

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Complete flaccid paralysis

3 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Cerebral Thrombosis  
Arteriosclerosis

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

Stanley K. D...

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

CHIEF OR ASST. MEDICAL EXAMINER

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-23, 1952 to 7-23, 1952, that I last saw the deceased alive on 7-23, 1952, and that death occurred at 10:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Frederick W. Dick M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7-24-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removed

24B. DATE

July 25 1952

24C. NAME OF CEMETERY OR CREMATORY

Bartlett & Son

24D. LOCATION (City, town, or county) (State)

GASSAWAY - West Virginia

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M. P. Earl

25. FUNERAL DIRECTOR

B. W. Robertson Funeral Home, Inc

ADDRESS

403 - E - 25th Street  
Baltimore - 18 - Md.

NAME OF DECEASED

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

AGE OF DECEASED

SEX OF DECEASED

OCCUPATION OF DECEASED

EDUCATION OF DECEASED

MANNER OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF WITNESS

NAME OF SIGNER

NAME OF OFFICIAL

NAME OF CLERK

NAME OF RECORDER

NAME OF INDEXER

NAME OF FILE CLERK

NAME OF ASSISTANT

NAME OF CLERK

NAME OF RECORDER

NAME OF INDEXER

NAME OF FILE CLERK



200  
52 6993BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6993  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

THOMAS EDWARD DIZE

2. DATE  
OF  
DEATH

7-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)  
A. STATE MD. B. COUNTY 26-26

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

6618 BROWN AVE.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE (24)

D. STREET ADDRESS (If rural, give location)

6618 BROWN AVE.

Length of stay in Baltimore

60

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

12 MAY, 1871

9. AGE (in years last birthday)

81

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MACHINIST (RET.)

10B. KIND OF BUSINESS OR INDUSTRY

SHIP BLDG.

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

-UNK-

14. MOTHER'S MAIDEN NAME

-UNK-

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

HOWARD E. DIZE

ADDRESS

SAME

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerosis Cardiovascular Disease

3 yds.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 21 July, 1952, to 23 July, 1952, that I last saw the deceased alive on 23 July, 1952, and that death occurred at 12:20 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1513 N. Milken Ave

25 July 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

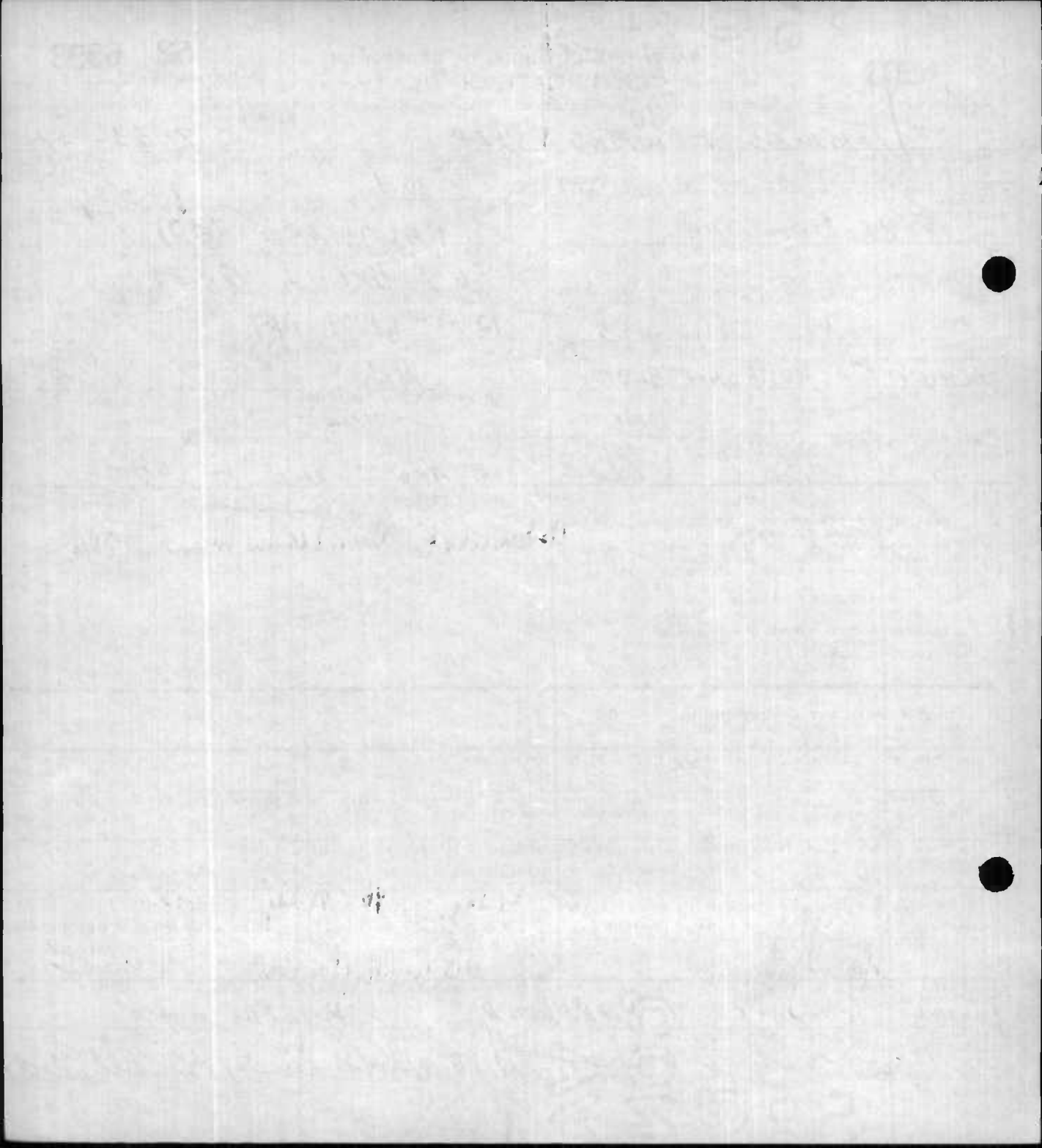
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 25 1952

Huntington Williams, M.D. Walter Brock Bradley, Wendell, M.D.

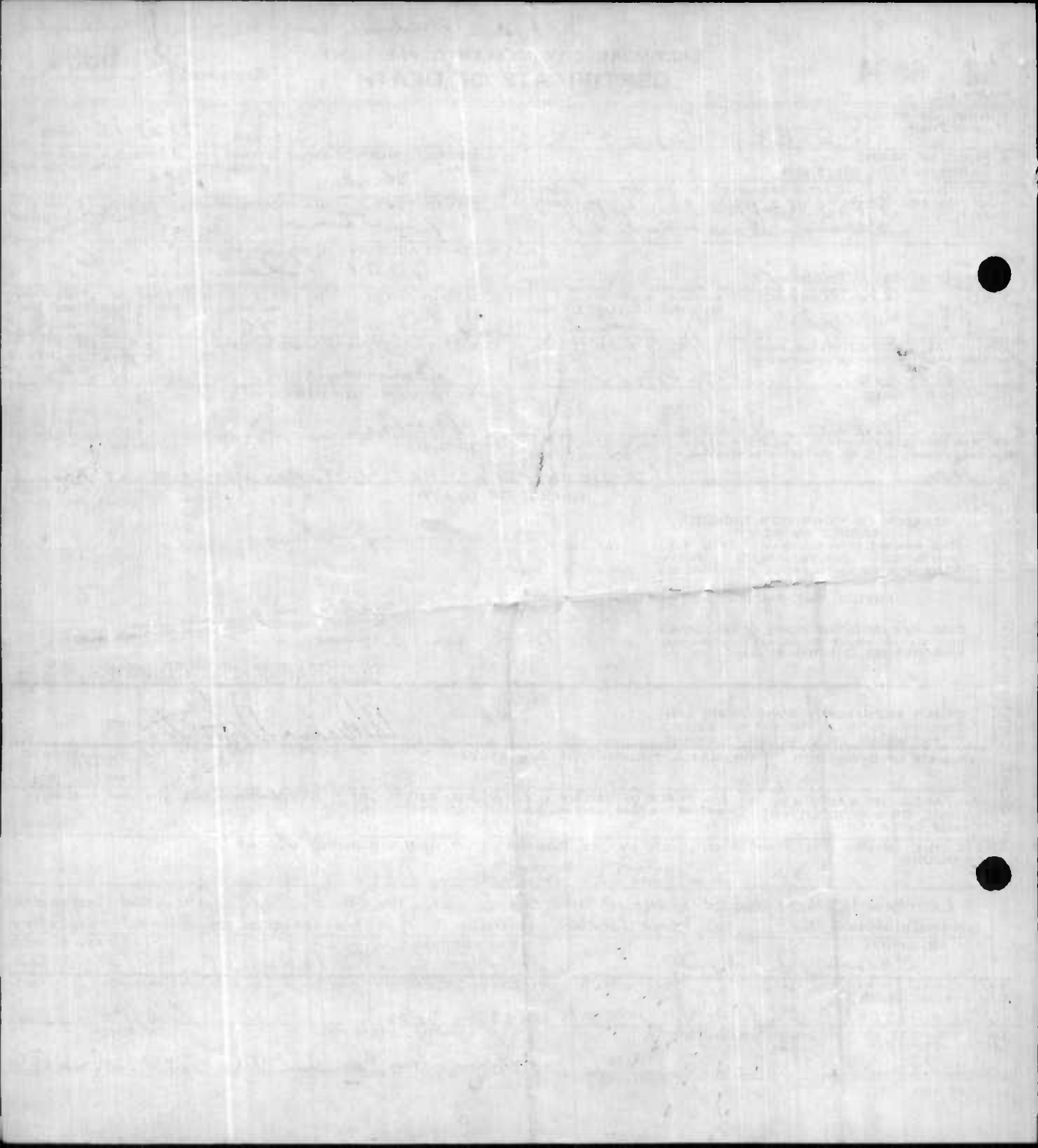


**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>PETER STEYER</b>		2. DATE OF DEATH <b>7/23/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Ind.</b> B. COUNTY _____	
5. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <b>St. Josephs Hospital</b> <b>6001 Belair Rd.</b>		C. CITY OR TOWN (If outside corporate limits, write R/J/R/L and give township) <b>Baltimore 26-01</b>	
6. LENGTH OF STAY IN BALTIMORE <b>45 Yrs. Mos. Days</b>		D. STREET ADDRESS (If rural, give location) <b>6001 Belair Rd.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 29 1882</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Butcher</b>	9. AGE (In years last birthday) <b>70 y.</b>
11. BIRTHPLACE (State or foreign country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Antony Steyer</b>		14. MOTHER'S MAIDEN NAME <b>Marie</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>215-12-0632</b>	
17. INFORMANT <b>Mrs Peter Steyer</b>		ADDRESS <b>6001 Belair Rd</b>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary edema.</b> DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Chronic asthma.</b> DUE TO (B) <b>DOA on arrival.</b> (C) _____ CERTIFICATION APPROVED BY <b>William V. [Signature]</b>			INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7/23/1952</b> to <b>7/23/52</b> , that I last saw the deceased alive on <b>7/23</b> , 19 <b>52</b> , and that death occurred at <b>10:20 A.M.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Louis A. Fritz</b>		23B. ADDRESS <b>1400 Caroline St</b>	23C. DATE SIGNED <b>7/23/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>7/26/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood Cem</b>	24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 25 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington W. [Signature]</b>	25. FUNERAL DIRECTOR <b>Lansdowne Funeral Home</b> ADDRESS <b>7401 Belair Rd</b>



650  
32 6995BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6995

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ida C. Brown

2. DATE  
OF  
DEATH

July 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

577 Dolphin St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

577 Dolphin St.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Widowed

8. DATE OF BIRTH

Jan 6, 1871

9. AGE (In years  
last birthday)

81

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
U. S. A

13. FATHER'S NAME

David Thomas

14. MOTHER'S MAIDEN NAME

?

Swann

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS 577

Mr. Frederick D. Brown Dolphin St

18. 421.4

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cerebral Thrombosis

1 month

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B) Granular disease of heart

4 years

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

DUE TO

(C) Arterio Sclerosis

7 years

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20-1952 to 7-23-1952 that I last saw the  
deceased alive on 7-22-1952 and that death occurred at 2:45 a.m. from the causes and on the date stated above.

23A. SIGNATURE

John E. J. Casper

M. D.

23B. ADDRESS

1639 N. Carey Pt

23C. DATE SIGNED

7-24-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

7-26-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 578a

JUL 25 1952

Huntington Williams

W. H. Williams

Diastole #

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INSTRUMENT FOR THE MEASUREMENT OF

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CERTIFICATE OF ANALYSIS

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620  
52 6996BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 6996

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Norris, James</i>		2. DATE OF DEATH <i>7/22/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>FRANKLIN SQUARE Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>1401 W. Lafayette Ave</i>		Yrs. Mos. Days	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>April 8, 1904</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>gen</i>	
13. FATHER'S NAME <i>John T. Norris</i>		14. MOTHER'S MAIDEN NAME <i>Helen Robinson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Julia Norris</i>		ADDRESS <i>1401 W. Lafayette</i>	
18. <i>331X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage, Right</i> DUE TO <i>Hypertension</i> DUE TO <i>Atherosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>48 hrs</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7-20</i> 19 <i>52</i> , to <i>7-22</i> 19 <i>52</i> , that I last saw the deceased alive on <i>7-22</i> 19 <i>52</i> , and that death occurred at <i>6:00</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>W. H. H. H. H.</i>		23B. ADDRESS <i>21 E. G. Hospital</i>	
23C. DATE SIGNED <i>7-22-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7-25-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cem. Baltimore</i>		24D. LOCATION (City, town, or county) (State) <i>Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 25 1952</i>		REGISTRAR'S SIGNATURE <i>W. H. H. H.</i>	
FUNERAL DIRECTOR <i>W. H. H. H.</i>		ADDRESS <i>3578</i>	

REPORT OF THE  
COMMISSIONER OF THE  
LAND OFFICE

THE LAND OFFICE HAS THE HONOR TO ACKNOWLEDGE THE RECEIPT OF YOUR LETTER OF THE 10TH INSTANT, IN WHICH YOU REQUESTED THAT THE LANDS BELONGING TO THE STATE BE SOLD TO YOU AT THE PRICE OF \$1.00 PER ACRE. THE LANDS BELONGING TO THE STATE ARE NOT FOR SALE AT THE PRESENT TIME, BUT YOU WILL BE ADVISED OF ANY FUTURE SALE OF SUCH LANDS.

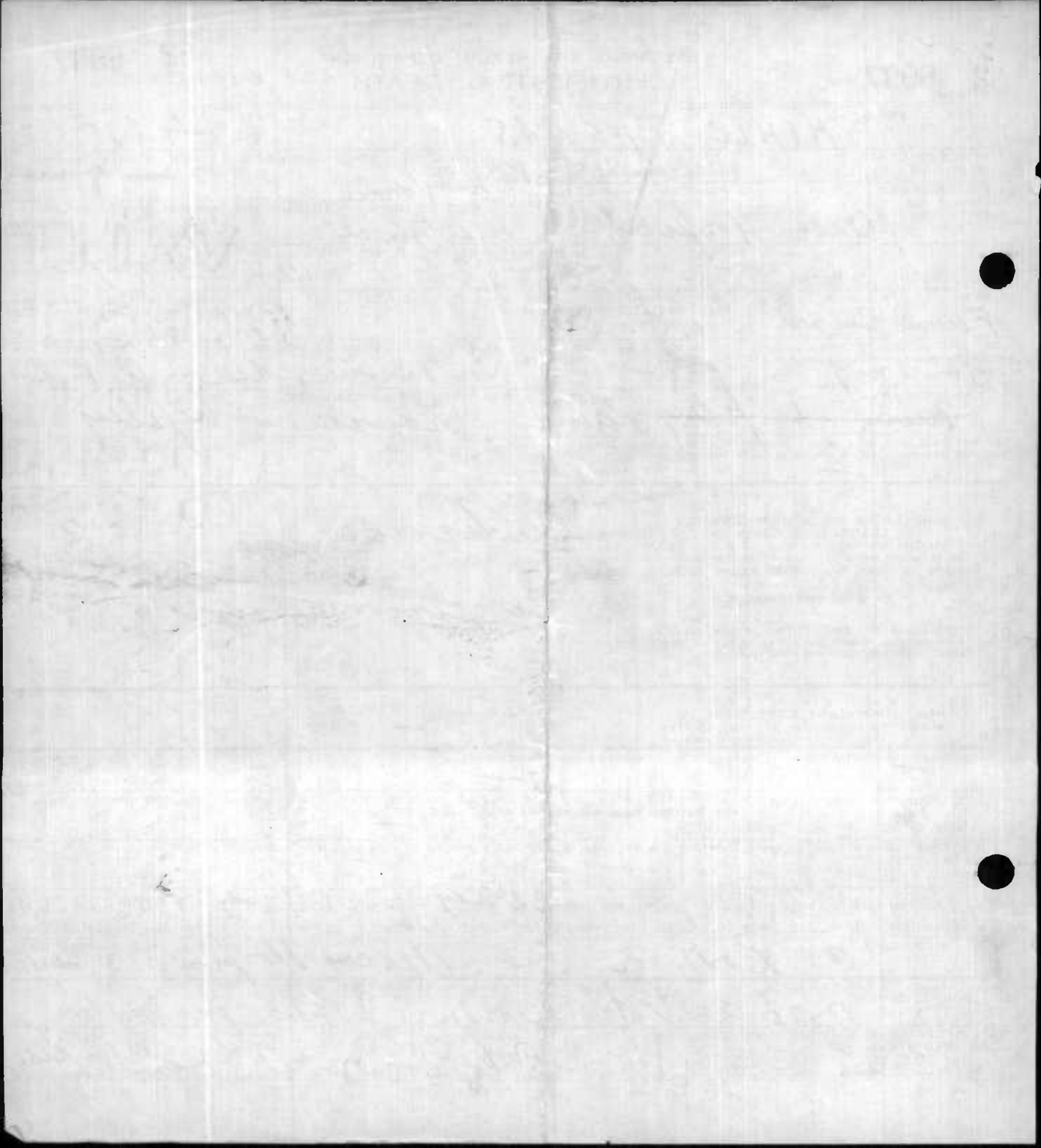
Yours very respectfully,  
[Signature]

520  
52 6997  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 6997  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>MAMIE THOMAS</b>		2. DATE OF DEATH <b>July 23<sup>rd</sup> 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore City, Md</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Colored</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>78</b>	
9. AGE (in years last birthday) <b>78</b>		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>James Shipley Thomas</b>		14. MOTHER'S MAIDEN NAME <b>Louisa Shipley</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>	
17. INFORMANT <b>-</b>		ADDRESS <b>-</b>	

18. <b>199.9</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cachexia</b>	CAUSE OF DEATH <b>Cachexia</b>	INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Carcinomatous</b>	(A) DUE TO (B) DUE TO (C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>-</b>		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION <b>-</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>-</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>-</b>	
22. I hereby certify that I attended the deceased from <b>22<sup>nd</sup> July, 1952</b> to <b>23<sup>rd</sup> July, 1952</b> that I last saw the deceased alive on <b>23<sup>rd</sup> July 1952</b> and that death occurred at <b>4:20 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>C. Lorky</b>		23B. ADDRESS <b>Mercy Hospital</b>		23C. DATE SIGNED <b>23. July 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>7-28-52</b>		24B. DATE <b>7-28-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>W. Auburn</b>	
24D. LOCATION (City, town, or county) <b>Baltimore</b>		24E. STATE <b>Md</b>		24F. REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
24G. DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 25 1952</b>		24H. REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		24I. FUNERAL DIRECTOR <b>W. Biddle</b>	
24J. ADDRESS <b>578 W. Biddle</b>		24K. NAME <b>W. Biddle</b>		24L. ADDRESS <b>578 W. Biddle</b>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52-6998

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

13 JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

2. DATE OF DEATH

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write full name and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

1413 Druid Hill

8. DATE OF BIRTH

Mar. 8, 1882

9. AGE (In years last birthday)

70

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Physician

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Singleton R. Stukes

14. MOTHER'S MAIDEN NAME

Sarah Byrd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
JOHNS HOPKINS HOSPITAL

18. 144X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

DEHYDRATION + MALNUTRITION

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

CARCINOMA OF MOUTH

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-20, 1952, to 7-23, 1952, that I last saw the deceased alive on 7-23, 1952, and that death occurred at 3:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Carlton L. Syster

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7-23-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7-26-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUL 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mr. Francis C. Hendley, Bridge St.

ADDRESS

RECEIVED  
FEBRUARY 19 1964

U. S. DEPARTMENT OF AGRICULTURE

WASHINGTON, D. C. 20250



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 8999  
Registered No.

560  
52 6999  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ROSA DOHMER</b>		2. DATE OF DEATH <b>July 24, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Life</i> B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> C. CITY OR TOWN <b>Baltimore</b> D. STREET ADDRESS (If rural, give location) <b>4712 Hazel Avenue</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>March 15, 1867</b>
9. AGE (In years last birthday) <b>85</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10B. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>Balto. Co. Ind.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Fredrick Plummer</b>	
14. MOTHER'S MAIDEN NAME <b>Clara</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Mrs. Herman Dohmer</b>	
18. ADDRESS <b>Annapolis Md.</b>			

18. <b>E 812.4</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Fracture of cervical vertebra</b> <b>Crushed chest</b> <b>Fracture of pelvis</b> <b>Comminuted fracture of left tibia and fibula</b>		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>White and Plainfield Streets</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>July 24, 1952 4:54 P. m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Pedestrian struck by auto</b>	
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William J. Gault</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>July 25, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>July 28, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>		25. FUNERAL DIRECTOR <b>Kassabyn Funeral Home</b>		ADDRESS <b>7401 Delphi Rd.</b>	

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

STATE OF NEW YORK

CITY OF NEW YORK

DEATH OF

NAME

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Burial Officer

Signature of Minister

Signature of Undertaker

Signature of Witness

Signature of Burial Officer

652

52 7000

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 7000  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARIE HORNOSTAY

2. DATE  
OF  
DEATH

JULY 23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

911 LIGHT ST

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

911 LIGHT ST

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
MARRIED

8. DATE OF BIRTH

JULY 22-80

9. AGE (in years  
last birthday)

72

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

RUSSIAN

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

ADAM SHISH

14. MOTHER'S MAIDEN NAME

NOT KNOW

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. ELLA KOSTINA 436 N. KENWOOD

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Hypertension

2 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

with  
Cerebral Hemorrhage

2 days

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Severe Nasal  
bleeding

2 hours

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐ NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from July 19, 1952, to July 23, 1952, that I last saw the  
deceased alive on July 19, 1952, and that death occurred at 7 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 25 1952

Huntington Williams, M.D.

J. A. Greblanck Jr 1905 E Pratt St

